

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015884

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** BENEFIT CONSULTANTS AND ADVISORS OF FLORIDA.USA LLC.

**Current Principal Place of Business:**

2213 GRAND CAYMAN CT.  
APT 1115  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

14102 COLONIAL GRAND BLVD  
APT 902  
ORLANDO, FL 32837

**Current Mailing Address:**

2213 GRAND CAYMAN CT.  
APT 1115  
KISSIMMEE, FL 34741

**New Mailing Address:**

1372 E VINE ST  
KISSIMMEE, FL 34744

**FEI Number:** 51-0668294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILLAR, ANA M  
2213 GRAND CAYMAN CT  
APT 1115  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

VILLAR, ANA M  
14102 COLONIAL GRAND BLVD  
APT 902  
ORLANDO, FL 34741 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANA M VILLAR

01/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VILLAR, ANA M  
Address: 14102 COLONIAL GRAND BLVD APT 902  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANA M VILLAR

MANG

01/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date