

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036171

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** ROBERTSON BENEFITS GROUP LLC

**Current Principal Place of Business:**

2121 MCGREGOR BLVD.  
#1  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2121 MCGREGOR BLVD.  
#1  
FORT MYERS, FL 33901

**New Mailing Address:**

P O BOX 51137  
FORT MYERS, FL 33994

**FEI Number:** 26-2367152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLASP, INC.  
3001 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ROBERTSON, SCOTT  
**Address:** P O BOX 51137  
**City-St-Zip:** FORT MYERS, FL 33994

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:** SCOTT ROBERTSON

MGR

04/23/2011

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