

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049263

FILED
Jan 20, 2009
Secretary of State

Entity Name: ULTIMATE BENEFIT SOLUTIONS, LLC

Current Principal Place of Business:

1122 FLORIDA AVE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

2325 FRANKFORD AVE
PANAMA CITY, FL 32405 US

Current Mailing Address:

1122 FLORIDA AVE
LYNN HAVEN, FL 32444 US

New Mailing Address:

PO BOX 16586
PANAMA CITY, FL 32406 US

FEI Number: 26-2606241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: MATHIS, JAMES
Address: 1122 FLORIDA AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: FALATKO, PAM
Address: 137 CANDLEWICK CIRCLE
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATHIS, JAMES
Address: 2325 FRANKFORD AVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES MATHIS

PRES

01/20/2009

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