

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079359

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: WORKSITE BENEFITS OF OCALA, LLC

**Current Principal Place of Business:**

725 NE 25TH AVE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

725 NE 25TH AVE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 26-3547188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANGAN, PATRICK J  
725 NE 25TH AVE  
OCALA, FL 34470 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 ( ) Delete  
Name: MANGAN, PATRICK J  
Address: 725 NE 25TH AVE  
City-St-Zip: OCALA, FL 34470

Title: MGR ( ) Delete  
Name: VAN FLEET, ROBERT J JR  
Address: P.O. BOX 968  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES:**

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

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: PATRICK J. MANGAN

MGR

01/26/2009

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