

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000089153

**FILED**  
**Nov 19, 2009**  
**Secretary of State**

**Entity Name:** IDEAL BENEFITS, LLC \*\*\*\*\* SEE NOTE \*\*\*\*\*

**Current Principal Place of Business:**

3001 REDWOOD NATIONAL DR  
APT# 4903  
ORLANDO, FL 32837

**New Principal Place of Business:**

3035 MESA VERDE DRIVE  
APT# 2905  
ORLANDO, FL 32837

**Current Mailing Address:**

3001 REDWOOD NATIONAL DR  
APT# 4903  
ORLANDO, FL 32837

**New Mailing Address:**

3035 MESA VERDE DRIVE  
APT# 2905  
ORLANDO, FL 32837

**FEI Number:** 26-3386315      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

URIBE, KARLA P  
3001 REDWOOD NATIONAL DR  
APT# 4903  
ORLANDO, FL 32837 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: FABIAN A URIBE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: URIBE, KARLA P  
Address: 3001 REDWOOD NATIONAL DR APT# 4903  
City-St-Zip: ORLANDO, FL 32837

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

Title: MGR ( ) Delete  
Name: URIBE, FABIAN  
Address: 3001 REDWOOD NATIONAL DR APT# 4903  
City-St-Zip: ORLANDO, FL 32837

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: FABIAN A URIBE

MGR

11/19/2009

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