

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000005339

**FILED**  
**Dec 12, 2011**  
**Secretary of State**

**Entity Name:** WORKSITE BENEFIT PARTNERS, LLC

**Current Principal Place of Business:**

2272 AIRPORT RD S.  
201  
NAPLES, FL 34112

**New Principal Place of Business:**

3073 S HORSESHOE DR  
116  
NAPLES, FL 34104 UN

**Current Mailing Address:**

562 14TH ST SE  
NAPLES, FL 34117

**New Mailing Address:**

1357 SERRANO CIRCLE  
NAPLES, FL 34105 UN

**FEI Number:** 26-4077741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, GREGORY  
562 14TH ST SE  
NAPLES, FL 34117 US

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

MEYER, GREGORY  
1357 SERRANO CIRCLE  
NAPLES, FL 34105 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: GREGORY MEYER

12/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEYER, GREGORY  
Address: 1357 SERRANO CIRCLE  
City-St-Zip: NAPLES, FL 34105

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: GREGORY MEYER

MGRM

12/12/2011

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