

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045488

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CO-ORDINATED BENEFIT PLANS, LLC

**Current Principal Place of Business:**

26133 U.S. HIGHWAY 19 N, SUITE 500  
CLEARWATER, FL 33763

**New Principal Place of Business:**

26133 U.S. HIGHWAY 19 N, SUITE 400  
CLEARWATER, FL 33763

**Current Mailing Address:**

26133 U.S. HIGHWAY 19 N, SUITE 500  
CLEARWATER, FL 33763

**New Mailing Address:**

26133 U.S. HIGHWAY 19 N, SUITE 400  
CLEARWATER, FL 33763

**FEI Number:** 59-2014829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALONEY, JOHN L  
3862 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711 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:** WHALEN, SUZANNE  
**Address:** 43 GOODWIN TERRACE  
**City-St-Zip:** WESTWOOD, NJ 07675

**Title:** MGR  
**Name:** LEYS, KEVIN H  
**Address:** 310 SPIER AVENUE  
**City-St-Zip:** ALLENHURST, NJ 07711

**Title:** MGR  
**Name:** CHADWICK, HARRY A  
**Address:** 34 PHILLY RUN DRIVE  
**City-St-Zip:** WEAVERVILLE, NC 28787

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:** M LITTLEJOHN GARBER

**CONS**

**01/08/2010**

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