

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050709

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE AND BENEFITS GROUP, LLC

**Current Principal Place of Business:**

1216 KELLOG DRIVE  
TAVARES, FL 32778

**New Principal Place of Business:**

2450 TIM GAMBLE PL  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1216 KELLOG DRIVE  
TAVARES, FL 32778

**New Mailing Address:**

2450 TIM GAMBLE PL  
TALLAHASSEE, FL 32308

**FEI Number:** 30-0565442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

MCEACHIN, DEBBIE  
2833 REMINGTON GREEN CT.  
TALLAHASSEE, FL 32308      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MOODY, HORACE  
**Address:** 2833 REMINGTON GREEN CT.  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGR  
**Name:** MCEACHIN, DEBBIE  
**Address:** 2450 TIM GAMBLE PL  
**City-St-Zip:** TALLAHASSEE, FL 32308

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: DEBBIE MCEACHIN

MGR

05/03/2010

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