

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096005

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** BADCOCK BENEFIT SOLUTIONS, LLC

**Current Principal Place of Business:**

3545 ASHLING DRIVE  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

1643 WILLIAMSBURG SQUARE  
LAKELAND, FL 33803 US

**Current Mailing Address:**

3545 ASHLING DRIVE  
LAKELAND, FL 33803 US

**New Mailing Address:**

P.O. BOX 3742  
LAKELAND, FL 33802 US

**FEI Number:** 27-1153083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINING, C GEOFFREY  
1611 HARDEN BOULEVARD  
LAKELAND, FL 33803 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:** BADCOCK, SUSAN  
**Address:** 1643 WILLIAMSBURG SQUARE  
**City-St-Zip:** LAKELAND, FL 33803

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:** SUSAN S. BADCOCK

MGR

01/05/2011

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