

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000105653

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** AMERICAN PAYROLL & BENEFITS, LLC

**Current Principal Place of Business:**

1805 SE 16TH AVENUE  
SUITE 1301  
OCALA, FL 34471

**New Principal Place of Business:**

2935 SE 58TH AVENUE  
OCALA, FL 34480

**Current Mailing Address:**

1805 SE 16TH AVENUE  
SUITE 1301  
OCALA, FL 34471

**New Mailing Address:**

PO BOX 189  
OCALA, FL 34478

**FEI Number:** 27-1234087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHREFFLER, ANN M  
1805 SE 16TH AVENUE  
SUITE 1301  
OCALA, FL 34471 US

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

SCHREFFLER, ANN M  
2935 SE 58TH AVENUE  
OCALA, FL 34480 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:

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHREFFLER, ANN M  
Address: 2935 SE 58TH AVENUE  
City-St-Zip: Ocala, FL 34480 US

Title: MGRM  
Name: MAZZURCO, VINCENT S  
Address: PO BOX 189  
City-St-Zip: Ocala, FL 34478 US

Title: MGRM  
Name: MAZZURCO, ANDREW S  
Address: PO BOX 5669  
City-St-Zip: Ocala, FL 34478 US

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: VINCENT S MAZZURCO

MGRM

04/12/2010

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