

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020301

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** BENEFIT CONSULTANTS OF AMERICA, LLC

**Current Principal Place of Business:**

14200 ROYAL HARBOUR CT  
UNIT 704  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

14200 ROYAL HARBOUR CT  
UNIT 704  
FT MYERS, FL 33908

**New Mailing Address:**

16970 SAN CARLOS BLVD.  
UNIT 3-178  
FT MYERS, FL 33908

**FEI Number:** 61-1612508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, SHARON E  
14200 ROYAL HARBOUR CT  
UNIT 704  
FT MYERS, FL 33908 US

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

FRENCH, TROY E  
16970 SAN CARLOS BLVD.  
UNIT 3-178  
FT MYERS, FL 33908 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: TROY E. FRENCH

05/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ESTLER, MICHELLE R  
Address: 18209 HEATHER RD  
City-St-Zip: FT MYERS, FL 33967

Title: MGRM  
Name: FRENCH, TROY E  
Address: 16970 SAN CARLOS BLVD., UNIT 3-178  
City-St-Zip: FT MYERS, FL 33908

Title: MGR  
Name: MILLER, SHARON E  
Address: 14200 ROYAL HARBOUR CT - UNIT 704  
City-St-Zip: FT MYERS, FL 33908

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: TROY E. FRENCH

MGRM

05/02/2011

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