

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070620

FILED
Apr 20, 2012
Secretary of State

Entity Name: BENEFITS CONSULTANTS, LLC

Current Principal Place of Business:

4348 SOUTHPOINT BLVD., SUITE 201
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD., SUITE 201
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-2989701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVAN, JR., MICHAEL J ESQ.
IVAN, COLE BONNETTE & KANE, P.A.
ONE INDEPENDENT DR., SUITE 3131
JACKSONVILLE, FL 32202 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: MYERS, WILLIAM P
Address: 4348 SOUTHPOINT BLVD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: HARMAN, JOHN K
Address: 4348 SOUTHPOINT BLVD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: SNYDER, SCOTT C
Address: 4348 SOUTHPOINT BLVD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: FOSTER, THEODORE
Address: 4348 SOUTHPOINT BLVD., SUITE 201
City-St-Zip: JACKSONVILLE, FL 32216

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: JOHN K. HARMAN

MGR

04/20/2012

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