

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000079967

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CORNERSTONE BENEFITS GROUP, LLC

**Current Principal Place of Business:**

235 3RD STREET SOUTH  
300  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

235 3RD STREET SOUTH  
300  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 20-1494784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LECLAIR, NORMAN A  
235 3RD STREET SOUTH  
300  
ST. PETERSBURG, FL 33701 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:** LECLAIR, NORMAN  
**Address:** 235 3RD STREET SOUTH, SUITE 300  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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: NORMAN LECLAIR      MGR      01/19/2012

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