2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# L10000103830

Entity Name: FAMILY BENEFIT SERVICES, LLC

Current Principal Place of Business:

8843 THOREAU PL
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8843 THOREAU PL
HUDSON, FL 34667

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARTAZANA, LOUIS D
8843 THOREAU PL
HUDSON, FL 34667 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: PARTAZANA, LOUIS D
Address: 8843 THOREAU PL
City-St-Zip: HUDSON, FL 34667

Title: MGR
Name: PARTAZANA, CYNTHIA L
Address: 8843 THOREAU PL
City-St-Zip: HUDSON, FL 34667

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 Statues.

SIGNATURE: CYNTHIA L. PARTAZANA MGR 04/12/2011

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