

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107756

Entity Name: LGS BENEFITS LLC

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

60 EDGEWATER DRIVE, APT. 17K  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

60 EDGEWATER DRIVE, APT. 17K  
CORAL GABLES, FL 33133

**New Mailing Address:**

FEI Number: 27-3750625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPIRO, STANLEY  
60 EDGEWATER DRIVE, APT. 17K  
CORAL GABLES, FL 33133 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: MGRM  
Name: SHAPIRO, STANLEY  
Address: 60 EDGEWATER DRIVE, APT. 17K  
City-St-Zip: CORAL GABLES, FL 33133

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: STANLEY SHAPIRO

MANA

03/03/2011

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