

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117556

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** KEY BENEFICIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

31449 CHATTERLY DRIVE  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

12909 NORTH 56TH STREET SUITE 102  
TAMPA, FL 33617

**Current Mailing Address:**

31449 CHATTERLY DRIVE  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

P. O. BOX 7737  
WESLEY CHAPEL, FL 33545

**FEI Number:** 27-3942303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARTHURTON, LYNETTE C  
31449 CHATTERLY DRIVE  
WESLEY CHAPEL, FL 33543 US

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

ARTHURTON, LYNETTE C  
12909 NORTH 56TH STREET SUITE 102  
TAMPA, FL 33617 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: LYNETTE ARTHURTON

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ARTHURTON, LYNETTE C  
Address: 12909 NORTH 56TH STREET SUITE 102  
City-St-Zip: TAMPA, FL 33617

Title: VP  
Name: HALLEY, CURLETA  
Address: 12909 NORTH 56TH STREET SUITE 102  
City-St-Zip: TAMPA, FL 33617

Title: ST  
Name: ARTHURTON, CAROLINE  
Address: 12909 NORTH 56TH STREET SUITE 102  
City-St-Zip: TAMPA, FL 33617

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: LYNETTE ARTHURTON

P

04/26/2011

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