# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 26, 2012**
**Secretary of State**

DOCUMENT# L11000026799

**Entity Name:** DISABILITY BENEFIT SERVICES LLC

**Current Principal Place of Business:**

406 VILLAGE LANE
WINTER PARK, FL 32792

**New Principal Place of Business:**

406 VILLAGE LANE
WINTER PARK, FL 32792 UN

**Current Mailing Address:**

406 VILLAGE LANE
WINTER PARK, FL 32792

**New Mailing Address:**

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

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

RAM, JOSEPH E
406 VILLAGE LANE
WINTER PARK, FL 32792 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: RAM, JOSEPH E JR.
Address: 406 VILLAGE LANE
City-St-Zip: WINTER PARK, FL 32792

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: JOSEPH E. RAM MGRM 01/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date