

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000043021

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** NEW AGE WORKSITE BENEFITS LLC

**Current Principal Place of Business:**

359 JEFFERY STREET  
SUITE 701  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

455 N.E. 28TH TERRACE  
DELRAY BEACH, FL 33431 US

**Current Mailing Address:**

359 JEFFERY STREET  
SUITE 701  
BOCA RATON, FL 33487 US

**New Mailing Address:**

3 CROSSMAN LANE  
DANVERS, MA 01923 US

**FEI Number:** 45-1581286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEISLER, SHARI  
385 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445 US

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

GEISLER, SHARI  
455 N.E. 28TH TERRACE  
DELRAY BEACH, FL 33431 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:

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GEISSLER, SHARI  
Address: 455 N.E. 28TH TERRACE  
City-St-Zip: DELRAY BEACH, FL 33431 US

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: SHARI GEISSLER

MGR

04/25/2012

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