2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# L11000089153

Entity Name: WORKPLACE BENEFIT SOLUTIONS LLC

Current Principal Place of Business:

APRIL ALMEIDA
4428 WHISTLEWOOD CIR
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

APRIL ALMEIDA
4428 WHISTLEWOOD CIR
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 13-5581829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALMEIDA, APRIL
4428 WHISTLEWOOD CIR
LAKELAND, FL 33811 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: ALMEIDA, APRIL
Address: 4428 WHISTLEWOOD CIR
City-St-Zip: LAKELAND, FL 33811

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: APRIL ALMEIDA MGMR 04/26/2012

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