

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091957

FILED
Apr 30, 2012
Secretary of State

Entity Name: HEALTHCARE BENEFITS SOLUTIONS, LLC

Current Principal Place of Business:

801 12TH AVE. SO.
302
NAPLES, FL 34102 UN

New Principal Place of Business:

Current Mailing Address:

13700 WATERTOWER CIRCLE
D
PLYMOUTH, MN 55441

New Mailing Address:

FEI Number: 45-2959318 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALTERNATIVE RISK MANAGEMENT, INC.
801 12TH AVE. SO.
302
NAPLES, FL 34102 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: P
Name: AGAR, CASSANDRA
Address: 13700 WATERTOWER CIRCLE, STE. D
City-St-Zip: PLYMOUTH, MN 55441

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: CASSANDRA AGAR P 04/30/2012

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