

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90384 001 *****5.00
01-21-2003 90384 002 *****50.00

DOCUMENT # M01000002136

1. Entity Name

NATIONAL BENEFIT ALLIANCE, LLC



Principal Place of Business

**11824 JOLLYVILLE RD., SUITE 100
AUSTIN TX 78759**

Mailing Address

**11824 JOLLYVILLE RD., SUITE 100
AUSTIN TX 78759**

2. Principal Place of Business

PMB 288, M-4 8100 Wyoming NE

3. Mailing Address

PMB 288, M-4 8100 Wyoming NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

87113

87113

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-2969617**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRETT, HERMAN
1961 TALLPINE RD.
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GILMORE, JOHN**
STREET ADDRESS **PMB 288, 7600 JEFFERSON NE #9**
CITY-ST-ZIP **ALBUQUERQUE NM 87109**

TITLE **MGRM** ☐ Delete
NAME **MINNICK, TIM**
STREET ADDRESS **P.O. BOX 200025**
CITY-ST-ZIP **AUSTIN-TX-78720**

TITLE **MGRM** ☐ Delete
NAME **ROBBINS, BICKNELL**
STREET ADDRESS **696 W. FIRST AVE.**
CITY-ST-ZIP **MIDVALE UT 84047**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gilmore, John**
STREET ADDRESS **PMB 288, M-4 8100 Wyoming NE**
CITY-ST-ZIP **Albuquerque, NM 87113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Robbins, Bicknell**
STREET ADDRESS **860 East 4500 South, Ste 300**
CITY-ST-ZIP **Salt Lake City, UT 84107**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)