## M01000002240

(Requ	iestor's Name)	
(Address)		
(Addr	ess)	
(City/	State/Zip/Phon	e#)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Great American Senior Benefits, LLC		
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Brenda Anthony		
Name of Person		
Central Licensing Bureau		
Firm/Company		
1501 N University, Suite 550		
Address		
Little Rock, AR 72207		
City/State and Zip Code		
corpqual@centrallicensingbureau.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Brenda Anthony at ( 501 ) 664-8044		
Name of Person Area Code and Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		

DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compepartment of State is: Greater	npany as it appears on the records of the Florida at American Senior Benefits, LLC	
2. This entity was formed under the law	vs of: Ohio	
3. This entity was authorized to transact and its Florida document/registration nu	t business in Florida on10/19/2009 mber is M0100002240	
4. The name and address of each manag	ger or managing member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Mgrm	James Sweeney 2504 Armatrading Cedar Park, TX 78613	
Mgrm_	Clayton LeGeyt 2504 Armatrading Cedar Park, TX 78613	
Mgr	Ernest Giambra 2504 Armatrading Cedar Park, TX 78613	
Required Signature:  Signature of Manag	ger, Managing Member or Member	

Filing Fee: \$25



Central Licensing Bureau, Inc.
1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271 www.centrallicensingbureau.com (501) 664-8044 FAX - (501) 664-6182

April 22, 2011

**Division of Corporations** Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to change the members/managers of Great American Senior Benefits, LLC (Doc ID# M1000002240).

I trust this letter and the enclosed document and fee are in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration in this filing.

Sincerely,

Brenda Anthony

Corporate Qualification Division

Torenda Anthon,

/bsa

**Enclosures**