

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002240

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN SENIOR BENEFITS, LLC

**Current Principal Place of Business:**

8400 W. 110TH STREET - SUITE 220  
OVERLAND PARK, KS 66210

**New Principal Place of Business:**

**Current Mailing Address:**

8400 W. 110TH STREET - SUITE 220  
OVERLAND PARK, KS 66210

**New Mailing Address:**

**FEI Number:** 34-1961695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SWEENEY, JAMES  
Address: 2504 ARMATRADING  
City-St-Zip: CEDAR PARK, TX 78613

Title: MGRM  
Name: LEGEYT, CLAYTON  
Address: 2504 ARMATRADING  
City-St-Zip: CEDAR PARK, TX 78613

Title: MGR  
Name: GLAMBRA, ERNEST  
Address: 2504 ARMATRADING  
City-St-Zip: CEDAR PARK, TX 78613

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: JAMES SWEENEY

MGRM

06/20/2011

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