

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000567

FILED
Apr 22, 2009
Secretary of State

Entity Name: PACIFIC BENEFITS GROUP NORTHWEST, LLC

Current Principal Place of Business:

1915 NW AMBERGLEN PARKWAY, SUITE 300
BEAVERTON, OR 97006

New Principal Place of Business:

Current Mailing Address:

1915 NW AMBERGLEN PARKWAY, SUITE 300
BEAVERTON, OR 97006

New Mailing Address:

FEI Number: 91-1775016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: NICHOLS, SHANE
Address: 1915 NW AMBERGLEN PARKWAY, SUITE 300
City-St-Zip: BEAVERTON, OR 97006

Title: MGRM () Delete
Name: BALLARD, SCOTT
Address: 1915 NW AMBERGLEN PARKWAY, SUITE 300
City-St-Zip: BEAVERTON, OR 97006

Title: MGRM () Delete
Name: SCOTT, STEVEN
Address: 1915 NW AMBERGLEN PARKWAY, SUITE 300
City-St-Zip: BEAVERTON, OR 97006

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHANE NICHOLS

MR.

04/22/2009

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