

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006109

FILED
Feb 08, 2011
Secretary of State

Entity Name: AMERI-PLUS BENEFIT PROGRAM, LLC

Current Principal Place of Business:

2536 COUNTRYSIDE BLVD STE 501
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2536 COUNTRYSIDE BLVD, STE 501
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 26-1195416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, NATHAN R ESQ
2536 COUNTRYSIDE BLVD, STE 501
CLEARWATER, FL 33763 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: MGR
Name: AL AMERILIFE, L.L.C.
Address: 2536 COUNTRYSIDE BLVD, STE 501
City-St-Zip: CLEARWATER, FL 33763

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: TIMOTHY OWEN NORTH

MGR

02/08/2011

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