

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003526

Entity Name: LIFETIME BENEFITS, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

843 E QUINCE ORCHARD BLVD
GAITHERSBURG, MD 20878

New Principal Place of Business:

Current Mailing Address:

843 E QUINCE ORCHARD BLVD
GAITHERSBURG, MD 20878

New Mailing Address:

FEI Number: 52-2061917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCEE, KENNETH E
285 W CAHILL CT
BIG PINE KEY, FL 33043 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: ANDERSON, THERESE H
Address: 843 E QUINCE ORCHARD BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGRM () Delete
Name: STONE, RICHARD L
Address: 843 E QUINCE ORCHARD BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGRM () Delete
Name: SCRR, KENNETH E
Address: 285 W CAHILL CT
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SCEE, KENNETH E
Address: 285 W CAHILL CT
City-St-Zip: BIG PINE KEY, FL 33043

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: KENNETH E. SCEE

MEMB

03/31/2009

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