

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003526

Entity Name: LIFETIME BENEFITS, LLC

**FILED**  
**Mar 15, 2011**  
**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  
Name: ANDERSON, THERESE H  
Address: 843 E QUINCE ORCHARD BLVD  
City-St-Zip: GAITHERSBURG, MD 20878

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

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

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: KENNETH E. SCEE

MEMB

03/15/2011

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