2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC6624993317

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Entity Name: WORKPLACE BENEFIT SOLUTIONS LLC

Current Principal Place of Business:

APRIL ALMEIDA
80 SHADOW LN
LAKELAND, FL 33813

Current Mailing Address:

APRIL ALMEIDA
80 SHADOW LN
LAKELAND, FL 33813 US

FEI Number: 45-2901920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMEIDA, APRIL
APRIL ALMEIDA
80 SHADOW LN
LAKELAND, FL 33813 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	ALMEIDA, APRIL
Address	APRIL ALMEIDA 80 SHADOW LN
City-State-Zip:	LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL ALMEIDA MGRM 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date