

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000089153

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

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date