

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095337

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC0983621905**

**Entity Name:** BENEFICIOS AHORA, LLC

**Current Principal Place of Business:**

813 LUCERNE AVENUE  
LAKE WORTH, FL 33460

**Current Mailing Address:**

813 LUCERNE AVENUE  
LAKE WORTH, FL 33460

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA, JOSHUA A  
813 LUCERNE AVENUE  
LAKE WORTH, FL 33460 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 CARTWRIGHT, CHARLES E  
Address 813 LUCERNE AVENUE  
City-State-Zip: LAKE WORTH FL 33460

Title MGRM  
Name GONZALEZ, ADRIANA  
Address 813 LUCERNE AVENUE  
City-State-Zip: LAKE WORTH FL 33460

Title MGRM  
Name RIVERA, JOSHUA A  
Address 813 LUCERNE AVENUE  
City-State-Zip: LAKE WORTH FL 33460

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSHUA A RIVERA

MGRM

03/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date