

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000060285

**Entity Name:** HEALTH BENEFITS ONE LLC

**Current Principal Place of Business:**

2 OAKWOOD BLVD  
SUITE 100  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2 OAKWOOD BLVD  
SUITE 100  
HOLLYWOOD, FL 33020 US

**FEI Number:** 45-5202195

**Certificate of Status Desired:** No

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

SPIEWAK, MATTHEW E  
2 OAKWOOD BLVD  
SUITE 100  
HOLLYWOOD, FL 33020 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 MGR  
Name DORFMAN, STEVEN  
Address 2 OAKWOOD BLVD  
SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name SPIEWAK, MATTHEW  
Address 2 OAKWOOD BLVD  
SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

*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:** MATTHEW SPIEWAK

MGR

02/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date