

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000060285

Entity Name: HEALTH BENEFITS ONE LLC

Current Principal Place of Business:

200 S PARK ROAD, SUITE 465
HOLLYWOOD, FL 33021

Current Mailing Address:

200 S PARK ROAD, SUITE 465
HOLLYWOOD, FL 33021

FEI Number: 45-5202195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEWAK, MATTHEW E
200 S PARK ROAD, SUITE 465
HOLLYWOOD, FL 33021 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 MANAGER
Name SPIEWAK, MARC A
Address 200 S PARK ROAD
 SUITE 465
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM
Name SPIEWAK, MATTHEW E
Address 200 S PARK ROAD, SUITE 465
City-State-Zip: HOLLYWOOD FL 33021

Title MGR
Name DORFMAN, STEVEN
Address 200 S PARK ROAD, SUITE 465
City-State-Zip: HOLLYWOOD FL 33021

Title CCO
Name GIROUARD, CANDIDA
Address 200 S PARK ROAD, SUITE 465
City-State-Zip: HOLLYWOOD FL 33021

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: MARC A SPIEWAK

MANAGER

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date