

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000060285

**Entity Name:** HEALTH BENEFITS ONE LLC

**Current Principal Place of Business:**

3325 S. UNIVERSITY DR.  
SUITE 210  
DAVIE, FL 33328

**Current Mailing Address:**

3325 S. UNIVERSITY DR.  
SUITE 210  
DAVIE, FL 33328

**FEI Number:** 45-5202195

**Certificate of Status Desired:** No

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

SPIEWAK, MATTHEW E  
3325 S. UNIVERSITY DR.  
SUITE 210  
DAVIE, FL 33328 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 SPIEWAK, MATTHEW E  
Address 3325 S. UNIVERSITY DR. SUITE 210  
City-State-Zip: DAVIE FL 33328

Title MANAGER  
Name SPIEWAK, MARC A  
Address 3325 S. UNIVERSITY DR.  
SUITE 210  
City-State-Zip: DAVIE FL 33328

*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

**CFO**

**03/03/2014**

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

\_\_\_\_\_  
Date