

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000014319

**Entity Name:** ULINE BENEFIT CONSULTING, LLC

**Current Principal Place of Business:**

300 AVENUE OF THE CHAMPIONS, STE 220  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

300 AVENUE OF THE CHAMPIONS, STE 220  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 38-3990726

**Certificate of Status Desired:** No

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 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            ULINE BENEFIT SOLUTIONS, LLC  
Address         300 AVENUE OF THE CHAMPIONS  
                  SUITE 220  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** TOM ULINE

**MANAGER**

**04/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date