

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000022208

Entity Name: AVAIL BENEFITS, LLC**Current Principal Place of Business:**1350 MARKET ST.
SUITE 204
TALLAHASSEE, FL 32312**Current Mailing Address:**P.O. BOX 1733
WAUCHULA, FL 33873 US**FEI Number:** 81-1755693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYANT, GERALD D. N. ESQ.
215 SOUTH MONROE ST.
2ND FLOOR
TALLAHASSEE, FL 32301 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:** GERALD D. N. BRYANT**04/21/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AP	Title	COO, PRESIDENT
Name	ADCOCK, KAYLA	Name	BRYAN, DERREN
Address	204 N 6TH AVE.	Address	P.O. BOX 1733
City-State-Zip:	WAUCHULA FL 33873	City-State-Zip:	WAUCHULA FL 33873
Title	CEO, CFO, CHAIRMAN OF THE BOARD		
Name	ALBRITTON, JOSEPH R		
Address	P.O. BOX 1733		
City-State-Zip:	WAUCHULA FL 33873		

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: KAYLA ADCOCK**AUTHORIZED PERSON****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date