2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2018
Secretary of State
CC1387177545

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Entity Name: HUB EMPLOYEE BENEFITS LLC

Current Principal Place of Business:

4029 MAVERICK AVE
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 5069
SARASOTA, FL 34277

FEI Number: 82-0997337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHACON, CESAR
4029 MAVERICK AVE
SARASOTA, FL 34233 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	Title	MGR
Name	CHACON, CESAR	Name	LEE, JESSICA
Address	4029 MAVERICK AVE	Address	5396 DAVINI ST
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34238

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: CESAR CHACON MANAGER 01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date