

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000042891

**Entity Name:** SOUTHERN BENEFIT SOLUTIONS, LLC

**Current Principal Place of Business:**

2840 REMINGTON GREEN CIRCLE  
B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 15631  
TALLAHASSEE, FL 32317 US

**FEI Number:** 82-4445304

**Certificate of Status Desired:** No

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

CROSS, JAMES M  
2840 REMINGTON GREEN CIRCLE  
B  
TALLAHASSEE, FL 32308 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	CROSS, JAMES M	Name	GELABERT, BRITTANY
Address	2840 REMINGTON GREEN CIRCLE B	Address	2840 REMINGTON GREEN CIRCLE B
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308

*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:** JAMES M. CROSS

**MEMBER**

**01/30/2022**

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

\_\_\_\_\_  
Date