

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000143918

**Entity Name:** HF GROUP BENEFITS LLC

**Current Principal Place of Business:**

3416 HEARTWOOD LANE  
MELBOURNE, FL 32934

**Current Mailing Address:**

3416 HEARTWOOD LANE  
MELBOURNE, FL 32934

**FEI Number: 85-1352812**

**Certificate of Status Desired: No**

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

CHRISTENSEN, KAELYNNE  
3485 BIG PINE RD  
MELBOURNE, FL 32934 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 AMBR  
Name CHRISTENSEN, KAELYNNE  
Address 3485 BIG PINE RD  
City-State-Zip: MELBOURNE FL 32934

Title AMBR  
Name MILLS, LYNNE  
Address 3416 HEARTWOOD LANE  
City-State-Zip: MELBOURNE FL 32934

Title AMBR  
Name KUEHN, DIXIE  
Address 211 S SIXTH STREET UNIT 506  
City-State-Zip: COCOA BEACH FL 32931

*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: LYNNE K MILLS**

**AGENT**

**03/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date