

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000322795

**Entity Name:** MO BENEFITS LLC

**Current Principal Place of Business:**

1645 PASSION VINE CIR  
WESTON, FL 33326

**Current Mailing Address:**

1645 PASSION VINE CIR  
WESTON, FL 33326 US

**FEI Number:** 85-3994598

**Certificate of Status Desired:** No

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

OXENHORN, ROBERT  
1645 PASSION VINE CIR  
WESTON, FL 33326 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           | AMBR               |
| Name            | OXENHORN, ROBERT      | Name            | MANNE, MICHAEL     |
| Address         | 1645 PASSION VINE CIR | Address         | 37 MEYER PLACE     |
| City-State-Zip: | WESTON FL 33326       | City-State-Zip: | RIVERSIDE CT 06878 |

*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:** ROBERT OXENHORN

MGR

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date