

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000864

**Entity Name:** BMI BENEFITS, L.L.C.

**Current Principal Place of Business:**

76 MAIN STREET  
MATAWAN, NJ 07747

**Current Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
32ND FLOOR  
CHICAGO, IL 60661 US

**FEI Number:** 20-1517991

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name O'MALLEY, EDWARD  
Address 1250 CAPITAL OF TEXAS HWY S  
City-State-Zip: AUSTIN TX 78746

Title MGR  
Name MOO, VERONICA  
Address 200 PARK AVENUE  
SUITE 3202  
City-State-Zip: NEW YORK NY 10166

Title MGR  
Name SCHNEIDER, BRETT  
Address 200 PARK AVENUE  
SUITE 3202  
City-State-Zip: NEW YORK NY 10166

*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:** BRETT SCHNEIDER

**MANAGER**

**04/22/2025**

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

\_\_\_\_\_  
Date