## **2013 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 SUITE 2400 CHICAGO, IL 60661

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 Title MGR

Name O'MALLEY, EDWARD Name HINKSON, MALIKA S

Address 1250 CAPITAL OF TEXAS HWY S Address 340 MADISON AVENUE, 20TH FLOOR

City-State-Zip: AUSTIN TX 78746 City-State-Zip: NEW YORK NY 10173

Title MGR

Name SCHNEIDER, BRETT

Address 340 MADISON AVENUE, 20TH FLOOR

City-State-Zip: NEW YORK NY 10173

SIGNATURE: BRETT SCHNEIDER

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/29/2013

FILED Apr 29, 2013

**Secretary of State** 

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