

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002389

Entity Name: PHOENIX BENEFITS MANAGEMENT LLC**Current Principal Place of Business:**410 PEACHTREE PARKWAY
BUILDING 400 SUITE 4225
CUMMING, GA 30041**Current Mailing Address:**410 PEACHTREE PARKWAY
BUILDING 400 SUITE 4225
CUMMING, GA 30041 US**FEI Number:** 45-3250131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** DAVID FELD

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name CHAPMAN, SHEILA
Address 2620 BETHELVIEW DR
SUITE 100
City-State-Zip: CUMMING GA 30040

Title MEMBER
Name CHAPMAN, DAVID
Address 2620 BETHELVIEW DR,
SUITE 100
City-State-Zip: CUMMING GA 30040

Title MEMBER
Name CANDANOZA, CYNTHIA
Address 2620 BETHELVIEW DR
SUITE 100
City-State-Zip: CUMMING GA 30040

Title MEMBER
Name GATTO, DOMENIC
Address 410 PEACHTREE PARKWAY
BUILDING 400 SUITE 4225
City-State-Zip: CUMMING GA 30041

Title MEMBER
Name CHAPMAN, DAN
Address 410 PEACHTREE PARKWAY
BUILDING 400 SUITE 4225
City-State-Zip: CUMMING GA 30041

Title MEMBER
Name CHAPMAN, TERESA
Address 2620 BETHELVIEW DR
SUITE 100
City-State-Zip: CUMMING GA 30040

Title MEMBER
Name TOBIAS, TERRY
Address 2620 BETHELVIEW DR
SUITE 100
City-State-Zip: CUMMING GA 30040

Title MEMBER
Name CHAPMAN, ANDREW
Address 2620 BETHELVIEW DR
SUITE 100
City-State-Zip: CUMMING GA 30040

Continues on page 2

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: DAVID CHAPMAN

MEMBER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	YEARTY, JONATHAN
Address	2620 BETHELVIEW DR SUITE 100
City-State-Zip:	CUMMING GA 30040