2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90141 032 ****50.00

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1. Entity Name
LIFE CARE PLANNING SOLUTIONS LLC

Principal Place of Business
~~225 COUNTRY CLUB DRIVE UNIT 152-E~~
~~LARGO, FL 33771-2391~~

Mailing Address
~~PO BOX 1576~~
~~LARGO, FL 33779-1576~~

2. Principal Place of Business
546 26th Ave N.
Suite, Apt. #, etc.
City & State: ST. Petersburg FL
Zip: 33704-2803 Country

3. Mailing Address
PO Box 76068
Suite, Apt. #, etc.
City & State: ST. Petersburg FL
Zip: 33734-6068 Country

14080010

07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3749248 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HART, JEANINE
~~225 COUNTRY CLUB DRIVE UNIT 152-E~~
~~LARGO, FL 33771-2391~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 546 26th Ave N
City: ST Petersburg FL Zip Code: 33704-2803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	HART, JEANNINE	~~225 COUNTRY CLUB DRIVE UNIT 152-E~~	~~LARGO, FL 33771-2391~~	☐
				☐
				☐
				☐
				☐
				☐

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		546 26th Ave N.	ST. Petersburg FL 33704-2803	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Jeannine Hart 7-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #