

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080687

FILED
Apr 06, 2012
Secretary of State

Entity Name: RETIREMENT ADVISORY CONSULTANTS, LLC

Current Principal Place of Business:

5509 GRAND BLVD., STE 200
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5509 GRAND BLVD., STE 200
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 26-3228617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FONTAINE-GALATI, TINA
925 WESTWINDS BLVD.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: FONTAINE-GALATI, TINA
Address: 5509 GRAND BLVD., STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP
Name: GALT, GARY
Address: 5509 GRAND BLVD., STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SVP
Name: WOOD, TIMOTHY
Address: 5509 GRAND BLVD., STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TRES
Name: FONTAINE-GALATI, TINA
Address: 5509 GRAND BLVD., STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC
Name: WOOD, TIMOTHY
Address: 5509 GRAND BLVD., STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information indicated on this 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.

SIGNATURE: ALICIA F KEEL

ACCT

04/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date