

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000008138

**FILED
Apr 21, 2012
Secretary of State**

Entity Name: THE CENTER FOR LIFE CARE PLANNING LLC

Current Principal Place of Business:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 27-2779346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOLDEN, JONATHAN
4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760 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: MGRM
Name: GOVONI, LEO J
Address: 4912 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

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: LEO J GOVONI MGRM 04/21/2012

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