

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49803

Entity Name: RETIREMENT COUNCIL, INC.**Current Principal Place of Business:**9825 W. SAMPLE RD., STE. 206
CORAL SPRINGS, FL 33065-4040**Current Mailing Address:**9825 W. SAMPLE RD., STE. 206
CORAL SPRINGS, FL 33065-4040 US**FEI Number:** 65-0263616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHALOM, JOSEPH C.
9825 WEST SAMPLE ROAD
STE 206
CORAL SPRINGS, FL 33065 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

Officer/Director Detail :

| | |
|-----------------|---------------------------------|
| Title | PT |
| Name | CHALOM, JOSEPH C |
| Address | 9825 WEST SAMPLE ROAD SUITE 206 |
| City-State-Zip: | CORAL SPRINGS FL 33065 |
| Title | S |
| Name | CHALOM, JOANNE |
| Address | 9825 WEST SAMPLE ROAD SUITE 206 |
| City-State-Zip: | CORAL SPRINGS FL 33065 |

| | |
|-----------------|------------------------------------|
| Title | D |
| Name | CHALOM, JOSEPH C. |
| Address | 9825 W. SAMPLE RD., STE. 206 |
| City-State-Zip: | CORAL SPRINGS FL 33065-4040 |
| Title | AUTHORIZED MEMBER |
| Name | ETTER, MYRIAM L |
| Address | 9825 WEST SAMPLE ROAD SUITE 206 |
| City-State-Zip: | CORAL SPRINGS FL 33065 |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHALOM, JOSEPH C**PRESIDENT****01/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date