

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028493

**Entity Name:** LIFE CARE PLANNING SOLUTIONS LLC

**Current Principal Place of Business:**

1100 88TH AVENUE NORTH  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 76068  
SAINT PETERSBURG, FL 33734-6068 US

**FEI Number:** 26-0103468

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, JEANNINE  
1100 88TH AVENUE NORTH  
SAINT PETERSBURG, FL 33702 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:** JEANNINE HART

02/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	DIRECTOR
Name	HART, JEANNINE	Name	POST, JENNIFER
Address	1100 88TH AVE N	Address	PO BOX 76068
City-State-Zip:	SAINT PETERSBURG FL 33702	City-State-Zip:	SAINT PETERSBURG FL 33734-6068

*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:** JENNIFER POST

DIRECTOR

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date