

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028493

Entity Name: LIFE CARE PLANNING SOLUTIONS LLC

Current Principal Place of Business:

1045 9TH AVE N
SAINT PETERSBURG, FL 33705

Current Mailing Address:

1045 9TH AVE N
SAINT PETERSBURG, FL 33705

FEI Number: 26-0103468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, JEANNINE
546 26TH AVE N
SAINT PETERSBURG, FL 33704 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

Authorized Person(s) Detail :

Title MGR
Name HART, JEANNINE
Address 546 26TH AVE N
City-State-Zip: SAINT PETERSBURG FL 33704

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: JEANNINE HART

OWNER

03/21/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date