

**2015 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/PRES**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date