2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2016
Secretary of State
CC4235149214

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Entity Name: THE CENTER FOR LIFE CARE PLANNING LLC

Current Principal Place of Business:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760

Current Mailing Address:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760

FEI Number: 27-2779346

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: LEO J GOVONI MGR 01/18/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date