

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000112572

Entity Name: RETIREMENT INCOME ADMINISTRATION, LLC

Current Principal Place of Business:

2033 MAIN ST. STE. 600
SARASOTA, FL 34237

Current Mailing Address:

2033 MAIN ST. STE. 600
SARASOTA, FL 34237 US

FEI Number: 45-3542410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, TROY HJR
2033 MAIN ST. STE. 600
SARASOTA, FL 34237 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 MYERS, TROY HJR
Address 2033 MAIN ST. STE. 600
City-State-Zip: SARASOTA FL 34237

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: TROY H MYERS JR

MGR

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date