SIGNATURE: CONNIE M. STRATTON

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000038478

Entity Name: RETIREMENT INCOME LICENSE PLATES, LLC

Current Principal Place of Business:

28944 HUBBARD ST LOT #103 LEESBURG, FL 34748

Current Mailing Address:

28944 HUBBARD ST LOT #103 LEESBURG, FL 34748

FEI Number: 11-3774359

Name and Address of Current Registered Agent:

STRATTON, CONNIE M 28944 HUBBARD ST LOT 103 LEESBURG, FL 34748 US

City-State-Zip: LEESBURG FL 34748

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

Authorized Person(s) Detail :			
Title	MGR	Title	MGRM
Name	STRATTON, CONNIE M	Name	STRATTON, SCHUYLER W
Address	28944 HUBBARD ST LOT 103	Address	28944 HUBBARD ST LOT 103

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.

MGR/AGENT

City-State-Zip: LEESBURG FL 34748

04/04/2014 Date

Date

FILED Apr 04, 2014 Secretary of State CC2085142218

Certificate of Status Desired: No