

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000064860

Entity Name: ELDER CARE PLANNING OF FLORIDA, LLC

Current Principal Place of Business:

13000 AVALON LAKE DRIVE
SUITE 305
ORLANDO, FL 32828-6451

Current Mailing Address:

13000 AVALON LAKE DRIVE
SUITE 305
ORLANDO, FL 32828-6451 US

FEI Number: 46-1992517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRY, LUISA
102 LEONA RD.
ORLANDO, FL 32828 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 AUTHORIZED MEMBER, PRESIDENT
Name BARRY, LUISA
Address 102 LEONA RD.
City-State-Zip: ORLANDO FL 32828

Title AUTHORIZED MEMBER,
COMPTROLLER
Name BARRY, SCOTT C
Address 102 LEONA RD.
City-State-Zip: ORLANDO FL 32828

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: SCOTT C. BARRY

COMPTROLLER

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date