# 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.

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FAMILY WEALTH PLANNING GROUP, LLC

### **Current Principal Place of Business:**

9115 CORSEA DEL FONTANA WAY STE. 100 NAPLES, FL 34109

DOCUMENT# L16000114582

### **Current Mailing Address:**

9115 CORSEA DEL FONTANA WAY STE. 100 NAPLES, FL 34109

#### FEI Number: 30-0943785

### Name and Address of Current Registered Agent:

LAMACCHIO, TOM L 9115 CORSEA DEL FONTANA WAY STE. 100 NAPLES, FL 34109 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		
Authorized Person(s) Detail :			
Title	MGR	Title	AUTHORIZED MEMBER
Name	LAMACCHIO, THOMAS L	Name	KERIC, NADIA
Address	9115 CORSEA DEL FONTANA WAY, STE .100	Address	9115 CORSEA DEL FONTANA WAY STE. 100
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

Certificate of Status Desired: No

SIGNATURE: THOMAS L LAMACCHIO MANAGER

### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## 03/04/2018

Date

Date

FILED Mar 04, 2018 Secretary of State CC0975999096