#### 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: THOMAS LAMACCHIO MGR

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L16000114582

Entity Name: FAMILY WEALTH PLANNING GROUP, LLC

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

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

#### **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:

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

Electronic Signature of Registered Agent

9115 CORSEA DEL FONTANA WAY NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Certificate of Status Desired: No

01/22/2023

Date

FILED Jan 22, 2023 Secretary of State 3656669902CC

Date

Electronic Signature of Signing Authorized Person(s) Detail