

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139398

**Entity Name:** LEGACY LIFE & HEALTH PLANNING SOLUTIONS, LLC

**Current Principal Place of Business:**

6245 POWERLINE ROAD  
SUITE 102  
FORT LAUDERDALE, FL, FL 33309

**Current Mailing Address:**

6245 POWERLINE ROAD  
SUITE 102  
FORT LAUDERDALE, FL, AL 33309 US

**FEI Number:** 81-3382627

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TORRES, CARLOS  
6245 POWERLINE ROAD  
SUITE 102  
FORT LAUDERDALE, FL 33309 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 AMBR  
Name DEPATHY, ROBERT  
Address 6245 POWERLINE ROAD, SUITE 102  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGR  
Name TORRES, CARLOS  
Address 6245 POWERLINE ROAD, SUITE 102  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ROBERT DEPATHY

AMBR

02/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date