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.

AMBR

SIGNATURE: ROBERT DEPATHY

SIGNATURE: Electronic Signature of Registered Agent

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.

## ...

Authorized Person(s) Detail :				
Title	AMBR	Title	MGR	
Name	DEPATHY, ROBERT	Name	TORRES, CARLOS	
Address	6245 POWERLINE ROAD, SUITE 102	Address	6245 POWERLINE ROAD, SUITE 102	
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309	

# **Current Mailing Address:**

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

### FEI Number: 81-3382627

# Name and Address of Current Registered Agent:

TORRES, CARLOS 6245 POWERLINE ROAD SUITE 102 FORT LAUDERDALE, FL 33309 US

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L16000139398

Entity Name: LEGACY LIFE & HEALTH PLANNNING SOLUTIONS, LLC

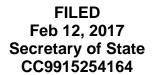
## **Current Principal Place of Business:**

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

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail



Date

02/12/2017