

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028493

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** LIFE CARE PLANNING SOLUTIONS LLC

**Current Principal Place of Business:**

546 26TH AVE N  
SAINT PETERSBURG, FL 33704

**New Principal Place of Business:**

1045 9TH AVE N  
SAINT PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 76068  
SAINT PETERSBURG, FL 33734

**New Mailing Address:**

**FEI Number:** 26-0103468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HART, JEANNINE  
546 26TH AVE N  
SAINT PETERSBURG, FL 33704      US

**Name and Address of New 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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HART, JEANNINE  
**Address:** 546 26TH AVE N  
**City-St-Zip:** SAINT PETERSBURG, FL 33704

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEANNINE HART

MM

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date