

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000406

FILED
Jul 24, 2009
Secretary of State

Entity Name: ELDER PLANNING INCOME CONCEPTS, LLC

Current Principal Place of Business:

507 NE 8TH AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

507 NE 8TH AVE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-4309366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MIDGETT, DAVID
507 NE 8TH AVE
OCALA, FL 34470 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIDGETT, DAVID
Address: 507 NE 8TH AVE
City-St-Zip: Ocala, FL 34470 US

Title: MGRM () Delete
Name: HEMNESS, EMMA
Address: 309 N. PARSONS AVE
City-St-Zip: BRANDON, FL 33510 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID MIDGETT

MGRM

07/24/2009

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