

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059205

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

**Entity Name:** REAL RETIREMENT PLANNING & ASSET PROTECTION LLC

**Current Principal Place of Business:**

1920 ORANGE COVE RD.  
SWITZERLAND, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6000466  
ST. JOHNS, FL 32260 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MCGARITY, FOSTER D  
1920 ORANGE COVE RD.  
SWITZERLAND, FL 32259 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: MGRM  
Name: MCGARITY, FOSTER D  
Address: 1920 ORANGE COVE RD.  
City-St-Zip: SWITZERLAND, FL 32259 US

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: FOSTER MCGARITY

MGRM

04/24/2010

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