## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061026

Entity Name: RETIREMENT INCOME PLANS, LLC

ty Name. RETIREMENT INCOME PLANS, LL

**Current Principal Place of Business:** 

1415 PANTHER LANE SUITE 368 NAPLES, FL 34109

## **Current Mailing Address:**

1415 PANTHER LANE SUITE 368 NAPLES, FL 34109 US

FEI Number: 20-5171118 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHEFFY PASSIDOMO, P.A. 821 FIFTH AVENUE SOUTH NAPLES, FL 34102 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: WILL DEMPSEY 04/21/2015

Electronic Signature of Registered Agent

Date

FILED Apr 21, 2015

**Secretary of State** 

CC9744873124

## Authorized Person(s) Detail:

Title MGR

Name DAUGHERTY, LYNN A

Address 1415 PANTHER LANE, SUITE 245

City-State-Zip: NAPLES FL 34109

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.