

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061026

**Entity Name:** RETIREMENT INCOME PLANS, LLC

**Current Principal Place of Business:**

1415 PANTHER LANE  
SUITE 368  
NAPLES, FL 34109

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC6118299080**

**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

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DAUGHERTY, LYNN A  
Address 1415 PANTHER LANE, SUITE 368  
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.*

**SIGNATURE:** DAUGHERTY , LYNN A

MGR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date