

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002169

**Entity Name:** REAP IN WEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

1200 RIVERPLACE BOULEVARD  
SUITE 800  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

POST OFFICE BOX 2323  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 26-1709559

**Certificate of Status Desired:** No

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

CRAWFORD, JOHN R  
1200 RIVERPLACE BOULEVARD  
SUITE 800  
JACKSONVILLE, FL 32207 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

**Authorized Person(s) Detail :**

Title MGR  
Name MORGAN, DAVID H  
Address POST OFFICE BOX 2323  
City-State-Zip: FLAGLER BEACH FL 32136

Title VP  
Name MORGAN, PAMELA  
Address POST OFFICE BOX 2323  
City-State-Zip: FLAGLER BEACH FL 32136

*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:** DAVID H. MORGAN

**MANAGER**

**03/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date