

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000703

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

**Current Principal Place of Business:**

7770 CONGRESS AVENUE  
SUITE 1136  
BOCA RATON, FL 33487

**Current Mailing Address:**

7770 CONGRESS AVENUE  
SUITE 1136  
BOCA RATON, FL 33487 US

**FEI Number:** 45-4394718

**Certificate of Status Desired:** No

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

ORKIN, ARLENE J  
7770 CONGRESS AVENUE  
SUITE 1136  
BOCA RATON, FL 33487 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 ORKIN, ARLENE J  
Address 7087 GREAT FALLS CI  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** ARLENE J. ORKIN

**MANAGER**

**04/13/2016**

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

\_\_\_\_\_  
Date