

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127584

**Entity Name:** LONG TERM PLANNING, LLC

**Current Principal Place of Business:**

11250 ST. AUGUSTINE RD.  
#15353  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11250 ST. AUGUSTINE RD.  
#15353  
JACKSONVILLE, FL 32257

**FEI Number:** 46-1134267

**Certificate of Status Desired:** No

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

JORGENSEN, MIKE  
2318 PARK STREET  
JACKSONVILLE, FL 32204 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 MGRM  
Name JORGENSEN, MIKE  
Address 11250 ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32257

*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:** MIKE JORGENSEN

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date