

2014 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

MGRM

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date