

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000150322

**Entity Name:** GUIDED LIFE CARE PLANNING SERVICES, LLC

**Current Principal Place of Business:**

17429 NEW CROSS CIRCLE  
LITHIA, FL 33547

**Current Mailing Address:**

PO BOX 621  
LITHIA, FL 33547 US

**FEI Number:** 82-2145961

**Certificate of Status Desired:** Yes

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

TOLES, ANTHONY  
17429 NEW CROSS CIRCLE  
LITHIA, FL 33547 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            CEO  
Name            TOLES, JENNIFER B  
Address        PO BOX 621  
City-State-Zip: LITHIA FL 33547

Title            MGR  
Name            TOLES, ANTHONY D JR  
Address        PO BOX 621  
City-State-Zip: LITHIA FL 33547

*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:** JENNIFER TOLES

CEO

05/01/2019

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

\_\_\_\_\_  
Date