

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000372457

**Entity Name:** RETIREMENT PLAN A, LLC

**Current Principal Place of Business:**

86104 COASTLINE DRIVE  
YULEE, FL 32097

**Current Mailing Address:**

86104 COASTLINE DRIVE  
YULEE, FL 32097

**FEI Number:** 85-4183881

**Certificate of Status Desired:** No

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

KING, THOMAS E IV  
86104 COASTLINE DRIVE  
YULEE, FL 32097 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            MBR  
Name            RETIREMENT PLAN, LLC  
Address        86104 COASTLINE DRIVE  
City-State-Zip: YULEE FL 32097

*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:** THOMAS E KING

**MEMBER**

**03/02/2025**

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

\_\_\_\_\_  
Date