

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000870

Entity Name: LBA RETIREMENT PLAN SERVICES, LLC

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

FEI Number: 59-3559193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VON STEIN, NEAL J
501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202 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 VON STEIN, NEAL J
Address 501 RIVERSIDE AVENUE SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name BROCK, RICHARD D
Address 501 RIVERSIDE AVENUE SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name HINCKLEY, ROBERT W
Address 501 RIVERSIDE AVENUE SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name PARSONS, HARRY M JR.
Address 501 RIVERSIDE AVENUE SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

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: NEAL VON STEIN

PARTNER

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date