

**2019 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 J VON STEIN

**MEMBER**

**02/09/2019**

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

\_\_\_\_\_  
Date