

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000007671

Entity Name: FULL CIRCLE INSURANCE INC.

Current Principal Place of Business:

6735 CONROY WINDERMERE RD
SUITE 311
ORLANDO, FL 32835

Current Mailing Address:

6735 CONROY WINDERMERE RD
SUITE 311
ORLANDO, FL 32835 US

FEI Number: 47-2590979

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRITHI DASWANI CPA PL
6735 CONROY WINDERMERE RD
SUITE 315
ORLANDO, FL 32835 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

Officer/Director Detail :

Title P
Name DASWANI, PRITHI
Address 6735 CONROY WINDERMERE RD
SUITE 311
City-State-Zip: ORLANDO FL 32835

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRITHI DASWANI

OWNER

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date