

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154552

**Entity Name:** FULLY FUNDED LLC

**Current Principal Place of Business:**

5297 W. COPANS ROAD  
MARGATE, FL 33063

**Current Mailing Address:**

5297 W. COPANS ROAD  
MARGATE, FL 33063 US

**FEI Number:** 46-2105361

**Certificate of Status Desired:** Yes

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

KATZMAN, LEIGH C  
5297 W. COPANS ROAD  
MARGATE, FL 33063 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 KATZMAN, LEIGH C  
Address 5297 W. COPANS ROAD  
City-State-Zip: MARGATE FL 33063

*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:** LEIGH C KATZMAN

MGR

03/09/2015

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

\_\_\_\_\_  
Date