

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000264884

**Entity Name:** FULL CIRCLE PLANNING, LLC

**Current Principal Place of Business:**

1835 EAST WEST PRKWY #20  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1835 EAST WEST PRKWY #20  
FLEMING ISLAND, FL 32003 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HESS, SUSAN  
1835 EAST WEST PRKWY #20  
FLEMING ISLAND, FL 32003 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:** SUSAN HESS

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HESS, SUSAN M  
Address 1835 EAST WEST PRKWY #20  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** SUSAN HESS

MANAGER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date