

2020 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:

CARTER, SUSAN M
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name CARTER, 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 CARTER

MANAGER

06/10/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date