

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000050715

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

**Current Principal Place of Business:**

221 N HOGAN ST  
353  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

221 N HOGAN ST  
353  
JACKSONVILLE, FL 32202 US

**FEI Number:** 88-0690113

**Certificate of Status Desired:** No

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

HOWARD ALBERTIE, ROBYN  
11558 OAKLAWN RD  
JACKSONVILLE, FL 32218 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 HOWARD ALBERTIE, ROBYN  
Address 11558 OAKLAWN RD  
City-State-Zip: JACKSONVILLE FL 32218

Title MGR  
Name OWENS, TAMIKA  
Address 12707 MEGAN JEAN CT  
City-State-Zip: JACKSONVILLE FL 32218

*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:** HOWARD ALBERTIE , ROBYN

RA

04/16/2024

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

\_\_\_\_\_  
Date