

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059420

Entity Name: FULL CIRCLE FINANCIAL, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7600 MASSACHUSETTS AVE.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

78520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

7600 MASSACHUSETTS AVE.  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

78520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654

FEI Number: 20-1506387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RILEY, STEVEN P  
4805 WEST LAUREL STREET  
SUITE 230  
TAMPA, FL 33607 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TARGET FINANCIAL INC.  
Address: 5521 WINDWARD WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM  
Name: TILLER ENTERPRISES, INC.  
Address: 4476 ROANOAK WAY  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: IRENE SURMONINS-THOMPSON

PTNR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date