

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083089

Entity Name: FULLY INVOLVED, LLC

FILED  
Feb 25, 2009  
Secretary of State

**Current Principal Place of Business:**

3410 KORI ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3410 KORI ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 01-0824935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SORENSEN, ROBIN O  
3410 KORI ROAD  
JACKSONVILLE, FL 32257 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 ( ) Delete  
Name: FIREHOUSE RESTAURANT, GROUP, INC.  
Address: 3410 KORI ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR ( ) Delete  
Name: FIRE-4, INC.,  
Address: 3410 KORI ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR ( ) Delete  
Name: BURCHIANTI, VINCENT  
Address: 3410 KORI RD  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VINCENT BURCHIANTI

MGR

02/25/2009

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