

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090449

Entity Name: THE FULL CIRCLE LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1801 W. ATLANTIC AVE
B3
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1801 W. ATLANTIC AVE
B3
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 41-2252217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMER, JUDITH A
6517 PONDAPPLE RD
BOCA RATON, FL 33433 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: ZIMMER, JUDITH A
Address: 6517 PONDAPPLE RD
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: LOEWENSTEIN, HARVEY J
Address: 6517 PONDAPPLE RD
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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: JUDITH A. ZIMMER

MGRM

04/13/2009

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