

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000039369

Entity Name: FULL CIRCLE, LLC

FILED
Sep 27, 2011
Secretary of State

Current Principal Place of Business:

4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

New Principal Place of Business:

4948 SIX OAKS DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

New Mailing Address:

4948 SIX OAKS DRIVE
TALLAHASSEE, FL 32303

FEI Number: 20-8892287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, MAURICE E
4800 WOODLANE CIRCLE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

EVANS, MAURICE E
4948 SIX OAKS DRIVE
TALLAHASSEE, FL 32303 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: MAURICE E. EVANS

09/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM
Name: EVANS, MAURICE E
Address: 4948 SIX OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MM
Name: EVANS, MAURICE E
Address: 4948 SIX OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MM
Name: EVANS, FELICIA C
Address: 4948 SIX OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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: MAURICE E. EVANS

MM

09/27/2011

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