

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041299

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** FULL CIRCLE COUNSELING CENTRE, LLC

**Current Principal Place of Business:**

322 S. ALCANIZ ST.  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

322 S. ALCANIZ ST.  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 65-1303645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WINN, H. FRANK JR.  
322 S. ALCANIZ ST.  
PENSACOLA, FL 32502      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: MGR  
Name: BUCCO, BONNIE W  
Address: 2871 INVERNESS CT  
City-St-Zip: PENSACOLA, FL 32503

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: BONNIE W. BUCCO      MGR      02/04/2010

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