

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042257

**Entity Name:** HALF FULL LLC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10657 83RD PLACE  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

10657 83RD PLACE  
LIVE OAK, FL 32060

**New Mailing Address:**

**FEI Number:** 20-8880768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLLINS, STEVEN W  
325 S. OHIO AVE  
LIVE OAK, FL 32064 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: COLLINS, STEVEN W  
Address: 10657 83RD PLACE  
City-St-Zip: LIVE OAK, FL 32060

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: STEVEN W. COLLINS

MGRM

01/12/2011

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