

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042257

Entity Name: HALF FULL LLC

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10657 83RD PLACE  
LIVE OAK, FL 32060

**New Principal Place of Business:**

10657 83RD PLACE  
LIVE OAK, FL 32060 US

**Current Mailing Address:**

10657 83RD PLACE  
LIVE OAK, FL 32060

**New Mailing Address:**

10657 83RD PLACE  
LIVE OAK, FL 32060 US

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

Title: MGR  
Name: COLLINS, KATHERINE S  
Address: 10657 83RD PL  
City-St-Zip: LIVE OAK, FL 32060 UN

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

01/19/2012

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