

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065951

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FULL HOUSE SOLUTIONS, LLC

**Current Principal Place of Business:**

16581 MARC ALLEN DR  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

181 10TH AVE NW  
NAPLES, FL 34120 US

**Current Mailing Address:**

16581 MARC ALLEN DR  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

181 10TH AVE NW  
NAPLES, FL 34120 US

FEI Number: 26-0463542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, JACQUELINE E  
16581 MARC ALLEN DR  
NORTH FORT MYERS, FL 33917 US

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

PHILLIPS, JACQUELINE E  
181  
10TH AVE NW  
NAPLES, FL 34120 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: JACQUELINE PHILLIPS

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHILLIPS, JACQUELINE E  
Address: 16581 MARC ALLEN DR  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS, JACQUELINE E  
Address: 181 10TH AVE NW  
City-St-Zip: NAPLES, FL 34120 US

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: JACQUELINE PHILLIPS

MGRM

04/30/2009

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