

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119552

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** FULL CIRCLE FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

111 NORTH BELCHER ROAD  
SUITE 204  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

111 NORTH BELCHER ROAD  
SUITE 204  
CLEARWATER, FL 33765

**New Mailing Address:**

FEI Number: 77-0706249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUTZOUKAS, MICHAEL E  
111 NORTH BELCHER ROAD  
SUITE 201  
CLEARWATER, FL 33765 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 ( ) Delete  
Name: KOHLI, DEEPAK  
Address: 111 N. BELCHER ROAD, SUITE 204  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEEPAK KOHLI

MGR

02/16/2009

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