

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067440

Entity Name: 819 FAULL, L.L.C.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

635 SOMMERS HAMMOCK LANE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 542307  
MERRITT ISLAND, FL 329542307

**New Mailing Address:**

FEI Number: 26-2979617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOCH, DAVID C  
635 SOMMERS HAMMOCK LANE  
MERRITT ISLAND, FL 32953 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: KOCH, DAVID C  
Address: 635 SOMMERS HAMMOCK LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM  
Name: KOCH, VERNON R  
Address: 635 SOMMERS HAMMOCK LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

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: DAVID C. KOCH

MGRM

02/28/2011

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