2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000076026

Entity Name: FIRST COAST FULL CONTACT LLC

Current Principal Place of Business:

3490 LIVE OAK HOLLOW DR
ORANGE PARK, FL 32065 US

New Principal Place of Business:

1027 BLANDING BLVD
601
ORANGE PARK, FL 32065 US

Current Mailing Address:

3490 LIVE OAK HOLLOW DR
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 26-3142735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUTISTA, GENE A
3490 LIVE OAK HOLLOW DR
ORANGE PARK, FL 32065 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 ( ) Delete
Name: BAUTISTA, GENE A
Address: 3490 LIVE OAK HOLLOW DR
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM ( ) Delete
Name: JOHNS, WILBERT F
Address: 3490 LIVE OAK HOLLOW DR
City-St-Zip: ORANGE PARK, FL 32065 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: BAUTISTA, GENE A MGRM
Address: 3490 LIVE OAK HOLLOW DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: GENE BAUTISTA MGRM 04/24/2009

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