

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076026

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** FIRST COAST FULL CONTACT LLC

**Current Principal Place of Business:**

1027 BLANDING BLVD  
601  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

1027 BLANDING BLVD  
602  
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  
**Name:** BAUTISTA, GENE A  
**Address:** 3490 LIVE OAK HOLLOW DR  
**City-St-Zip:** ORANGE PARK, FL 32065 US

**Title:** MGRM  
**Name:** JOHNS, WILBERT F  
**Address:** 1027-602 BLANDING BLVD.  
**City-St-Zip:** ORANGE PARK, FL 32065 US

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:** GENE A BAUTISTA

MGRM

03/11/2010

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