2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2010
Secretary of State

DOCUMENT# L09000054645

Entity Name: FULL CIRCLE LIFE & HEALTH INSURANCE, LLC

Current Principal Place of Business:

731 SEQUOIA TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941921
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 27-0363724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERN, ELIZABETH M
731 SEQUOIA TRAIL
MAITLAND, FL 32751 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: KERN, ELIZABETH M
Address: 731 SEQUOIA TRAIL
City-St-Zip: MAITLAND, FL 32751

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 Statues.

SIGNATURE: ELIZABETH M KERN MGRM 03/05/2010

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