

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041266

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FULL CIRCLE BIO TECHNOLOGIES, LLC

**Current Principal Place of Business:**

7064 SAMPEY ROAD  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

7064 SAMPEY ROAD  
GROVELAND, FL 34736

**New Mailing Address:**

**FEI Number:** 27-2366216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, MOISES  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 US

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

TAX CARE INC  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 US

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: MOISES ALVAREZ

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GLEASON, THOMAS  
Address: 7064 SAMPEY ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: MGRM  
Name: DUNDORE, DWAYNE  
Address: 7064 SAMPEY ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: MGRM  
Name: LICHTENWALTER, JAMES  
Address: 2108 PARK AVENUE SUITE 13  
City-St-Zip: ORANGE PARK, FL 32703

Title: MGRM  
Name: WINDSOR, EDWARD L  
Address: 2432 BEL AIR CIRCLE  
City-St-Zip: KISSIMMEE, FL 32743

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: THOMAS GLEASON

MGRM

04/29/2011

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