

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071970

FILED
Apr 07, 2011
Secretary of State

Entity Name: FULL SPECTRUM RETIREMENT PLANS, LLC

Current Principal Place of Business:

992 TAMIAMI TRAIL, SUITE H1
PORT CHARLOTTE, FL 339533868

New Principal Place of Business:

Current Mailing Address:

992 TAMIAMI TRAIL, SUITE H1
PORT CHARLOTTE, FL 339533868

New Mailing Address:

FEI Number: 27-2998426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVERETTE, GERMAINE
992 TAMIAMI TRAIL, SUITE H1
PORT CHARLOTTE, FL 339533868 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: MGR
Name: LEVERETTE, GERMAINE
Address: 992 TAMIAMI TRAIL, SUITE H1
City-St-Zip: PORT CHARLOTTE, FL 339533868

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: GERMAINE LEVERETTE

MGR

04/07/2011

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