

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125200

Entity Name: KIRSON & FULLER, PLLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 34803

## **New Principal Place of Business:**

801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 32803

## **Current Mailing Address:**

801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 34803

## **New Mailing Address:**

801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 32803

FEI Number: 27-4212334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, PATRICIA T  
801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 32893 US

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

FULLER, PATRICIA T  
801 NORTH MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 32803 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/20/2012

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KIRSON, HEATHER C  
Address: 801 NORTH MAGNOLIA AVENUE, STE 204  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM  
Name: FULLER, PATRICIA T  
Address: 801 NORTH MAGNOLIA AVENUE, STE 204  
City-St-Zip: ORLANDO, FL 32803

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: PATRICIA T. FULLER

MGRM

03/20/2012

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