

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054521

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** THE FULLER LAW GROUP, PLLC

**Current Principal Place of Business:**

1759 NE JACKSONVILLE RD  
OCALA, FL 34470

**New Principal Place of Business:**

1396 NE 2075 AVE  
STE 500  
OCALA, FL 34470

**Current Mailing Address:**

1759 NE JACKSONVILLE RD  
OCALA, FL 34470

**New Mailing Address:**

1396 NE 20TH AVE  
STE 500  
OCALA, FL 34470

**FEI Number:** 90-0714043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, LESLIE C JR  
1759 NE JACKSONVILLE RD  
OCALA, FL 34470 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:** FULLER, JOHN B  
**Address:** 1396 NE 20TH AVE, STE 500  
**City-St-Zip:** Ocala, FL 34470

**Title:** MGRM  
**Name:** FULLER, JANET L  
**Address:** 1396 NE 20TH AVE, STE 500  
**City-St-Zip:** Ocala, FL 34470

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:** JOHN B FULLER

MGRM

02/10/2012

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