

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000054645

Entity Name: FULL CIRCLE LIFE & HEALTH INSURANCE, LLC

Current Principal Place of Business:

731 SEQUOIA TRAIL
MAITLAND, FL 32751

Current Mailing Address:

P.O. BOX 941921
MAITLAND, FL 32794

FEI Number: 27-0363724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KERN, ELIZABETH M
731 SEQUOIA TRAIL
MAITLAND, FL 32751 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

Date

Authorized Person(s) Detail :

Title MGRM
Name KERN, ELIZABETH M
Address 731 SEQUOIA TRAIL
City-State-Zip: MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH M. KERN

MGRM

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date