

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000079124

Entity Name: FULL CIRCLE BEHAVIORAL HEALTH SERVICES, LLC

Current Principal Place of Business:

7151 MAILLER ST
ORLANDO, FL 32818

Current Mailing Address:

7151 MAILLER ST
ORLANDO, FL 32818 US

FEI Number: 46-2924811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULLER, BARBARA
7151 MAILLER ST
ORLANDO, FL 32818 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: BARBARA FULLER

01/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FULLER, BARBARA
Address 7151 MAILLER ST
City-State-Zip: ORLANDO FL 32818

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA JO FULLER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date