

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022199

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** INDEPENDENT RESEARCH CONSULTANTS, LLC

**Current Principal Place of Business:**

39549 GROVE HEIGHTS  
LADY LAKE, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

22 CURLEW CT.  
REHOBOTH BEACH, DE 19971

**New Mailing Address:**

FEI Number: 57-1204294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLOVER, DEBRA J  
39549 GROVE HEIGHTS  
LADY LAKE, FL 32159 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 ( ) Delete  
Name: GLOVER, DEBRA J MGR  
Address: 39549 GROVE HEIGHTS  
City-St-Zip: LADY LAKE, FL 32159M

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GLOVER, DEBRA J MGR  
Address: 39549 GROVE HEIGHTS  
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DEBRA J. GLOVER

MGR

04/13/2009

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