

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037981

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** FORENSIC BIOLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

109 LARKWOOD DRIVE  
SUITE A  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 LARKWOOD DR.  
SUITE A  
SANFORD, FL 32771 US

**New Mailing Address:**

109 LARKWOOD DRIVE  
SUITE A  
SANFORD, FL 32771 US

**FEI Number:** 20-4472587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PETERSON, NANCY W  
109 LARKWOOD DR.  
SUITE A  
SANFORD, FL 32771 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: PETERSON, NANCY W  
Address: 109 LARKWOOD DR. , SUITE A  
City-St-Zip: SANFORD, FL 32771 US

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: NANCY W PETERSON

MGRM

04/14/2010

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