

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100642

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** DEBOER MANAGEMENT & CONSULTING CO., LLC

**Current Principal Place of Business:**

3455 DELOR AVE.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3455 DELOR AVE.  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 20-3814895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARR, DAROL H.M. ESQ  
FARR, FARR, EMERICH, HACKETT AND CARR, P.A  
99 NESBIT STREET  
PUNTA GORDA, FL 339503636 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:** PRES  
**Name:** DEBOER, MATTHEW D  
**Address:** 3455 DELOR AVE  
**City-St-Zip:** NORTH PORT, FL 34286 US

**Title:** VPRE  
**Name:** DEBOER, MARY C  
**Address:** 3455 DELOR AVE  
**City-St-Zip:** NORTH PORT, FL 34286 US

**Title:** TRES  
**Name:** PRINCE, TARA G  
**Address:** 3455 DELOR AVE.  
**City-St-Zip:** NORTH PORT, FL 34286 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:** MATTHEW D. DEBOER

PRES

03/21/2011

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