

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010546

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Entity Name:** FIELDS CONSULTING GROUP LLC

**Current Principal Place of Business:**

2151 GROUND SQUIRREL DR.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2151 GROUND SQUIRREL DR.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 41-2226401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIELDS, LAUREL  
2151 GROUND SQUIRREL DR.  
NEW PORT RICHEY, FL 34655 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: FIELDS, LAUREL  
Address: 2151 GROUND SQUIRREL DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM  
Name: FIELDS, MIKE  
Address: 2151 GROUND SQUIRREL DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: LAUREL FIELDS

MGRM

04/10/2010

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