

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000078770

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** BORST CONSULTING AND MANAGEMENT, LLC

**Current Principal Place of Business:**

10859 EMERALD COAST PKWY W  
SUITE 204-187  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

10859 EMERALD COAST PKWY W  
SUITE 204-187  
DESTIN, FL 32550 US

**New Mailing Address:**

**FEI Number:** 26-0628322      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BORST, RICK  
10859 EMERALD COAST PKWY W  
SUITE 204-187  
DESTIN, FL 32550 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:** BORST, RICK  
**Address:** 10859 EMERALD COAST PKWY W, SUITE 204-187  
**City-St-Zip:** DESTIN, FL 32550 US

**Title:** MGRM  
**Name:** BORST, STELLA  
**Address:** 10859 EMERALD COAST PKWY W, SUITE 204-187  
**City-St-Zip:** DESTIN, FL 32550 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: RICK BORST

MGRM

04/20/2010

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