

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057852

FILED
Sep 15, 2009
Secretary of State

Entity Name: INTERNATIONAL INVESTORS CONSULTANTS, LLC

Current Principal Place of Business:

1 ATRIUM CIRCLE, STE C
ATLANTIS, FL 33406

New Principal Place of Business:

1 ATRIUM CIRCLE
STE C
ATLANTIS, FL 33462 US

Current Mailing Address:

1 ATRIUM CIRCLE, STE C
ATLANTIS, FL 33406

New Mailing Address:

1 ATRIUM CIRCLE
STE C
ATLANTIS, FL 33462 US

FEI Number: 80-0200171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIS, DOUG
2000 PGA BLVD., SUITE 3131
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

WILLIS, DOUG ESQ.
2000 PGA BLVD.
SUITE 3131
NORTH PALM BEACH, FL 33408 US

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: DOUG WILLIS

09/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COUGHANOUR, FRANK
Address: 4024 D PALM BAY CIR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COUGHANOUR, FRANK
Address: 1 ATRIUM CIRCLE - STE C
City-St-Zip: ATLANTIS, FL 33462 US

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: FRANK COUGHANOUR

MGRM

09/15/2009

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