

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022709

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA INVESTIGATIVE SERVICES,LLC

**Current Principal Place of Business:**

27116 POND DRIVE  
HILLIARD, FL 32046 US

**New Principal Place of Business:**

1915 B STATE RD. 13  
ST. JOHNS,, FL 32259 US

**Current Mailing Address:**

27116 POND DRIVE  
HILLIARD, FL 32046 US

**New Mailing Address:**

1915 B STATE RD. 13  
ST. JOHNS,, FL 32259 US

**FEI Number:** 26-4662154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILDES, TRACY L  
27116 POND DRIVE  
HILLIARD, FL 32046 US

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

WILDES, TRACY L  
1915 B STATE RD. 13  
ST. JOHNS, FL 32259 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: TRACY L. WILDES

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILDES, TRACY L  
Address: 1915 B STATE RD. 13  
City-St-Zip: ST. JOHNS, FL 32259 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: TRACY L WILDES

MGR

04/21/2010

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