

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065185

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

**Entity Name:** D & F INTERNATIONAL CONSULTANT, LLC

**Current Principal Place of Business:**

7735 HAMPTON HILLS LOOP  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

6031 ELMHURST DR  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

PO BOX 2065  
NEW PORT RICHEY, FL 346562065

**New Mailing Address:**

PO BOX 2065  
NEW PORT RICHEY, FL 346562065

**FEI Number:** 30-0573018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FIELDERS, DALE DR  
7735 HAMPTON HILLS LOOP  
NEW PORT RICHEY, FL 34654 US

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

FIELDERS, DALE R DR  
6031 ELMHURST DR.  
NEW PORT RICHEY, FL 34653 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: DR. DALE R. FIELDERS

02/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FIELDERS, DALE R DR  
Address: PO BOX 2065  
City-St-Zip: NEW PORT RICHEY, FL 346562065

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: DR. DALE R. FIELDERS

MGRM

02/21/2010

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