

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036942

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL FLORIDA PRIVATE INVESTIGATIONS LLC

**Current Principal Place of Business:**

5522 SW 144TH LN  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

5522 SW 144TH LN  
MICANOPY, FL 32667

**New Mailing Address:**

**FEI Number:** 33-1159636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYANT, ROBERT R CPA  
228 E. NEW YORK AVE.  
DELAND, FL 32724 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: MGR  
Name: FUHRMAN, WILLIAM E  
Address: 5522 SW 144TH LN  
City-St-Zip: MICANOPY, FL 32667

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: WILLIAM E. FUHRMANN

MGR

01/10/2011

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