

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000123280

**Entity Name:** AMERICAN INSTITUTE OF CERTIFICATIONS LLC

**Current Principal Place of Business:**

4763 S CONWAY RD STE D  
ORLANDO , FL 32812-1210

**Current Mailing Address:**

4763 S CONWAY RD STE D  
ORLANDO , FL 32812-1210 US

**FEI Number:** 47-4633442

**Certificate of Status Desired:** No

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

CGB ACCOUNTING & TAX SVCS LLC  
4763 S CONWAY RD  
SUITE D  
ORLANDO, FL 32812 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR, AUTHORIZED MEMBER  
Name ONTIBON GONZALEZ, YURI M  
Address CUMBRES DEL CEREZO 187, COL  
CUMBRES DE  
City-State-Zip: JURIQUILLA QUERETARO, QRO  
76230

Title MGR, AUTHORIZED MEMBER  
Name SERRANO VARGAS, MIGUEL A  
Address 1310 SUMMERS END CT  
City-State-Zip: FENTON MO 63026

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YURI M ONTIBON GONZALEZ

**MGR**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date