

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000240609

**Entity Name:** ACCREDITATION CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

4032 SW CARLILE ST  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4032 SW CARLILE ST  
PORT ST LUCIE, FL 34953 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FARNHAM, TAMMY  
4032 SW CARLILE ST  
PORT ST LUCIE, FL 34953 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 MGRM  
Name FARNHAM, TAMMY  
Address 5829 NW ZENITH DR  
City-State-Zip: PORT ST LUCIE FL 34986-3641

*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:** TAMMY FARNHAM

02/01/2024

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

\_\_\_\_\_ Date