

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069952

FILED
Oct 06, 2005
Secretary of State

Entity Name: ACCREDITATION CONSULTANCY GROUP, LLC

Current Principal Place of Business:

1101 STANFORD DRIVE
SUITE 129
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1101 STANFORD DRIVE
SUITE 129
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOORE, ROBERT
1101 STANFORD DRIVE
SUITE 1101
CORAL GABLES, FL 33146 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: ROBERT MOORE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, ROBERT
Address: PO BOX 249221
City-St-Zip: CORAL GABLES, FL 33124

Title: MGR () Delete
Name: WRIGHT, KARL
Address: PO BOX 249221
City-St-Zip: CORAL GABLES, FL 33124

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ROBERT MOORE

MGR

10/06/2005

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