

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078892

FILED
Jan 19, 2009
Secretary of State

Entity Name: ACCREDITATION CONSULTANTS, L.L.C.

Current Principal Place of Business:

4211 NW 186TH STREET
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

4211 NW 186TH STREET
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 26-1457122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECUBELLIS, LILA G
4211 NW 186TH STREET
NEWBERRY, FL 32669 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: MRS. () Delete
Name: DECUBELLIS, LILA G
Address: 4211 NW 186TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: MR. () Delete
Name: DECUBELLIS, STEPHEN D
Address: 4211 NW 186TH STREET
City-St-Zip: NEWBERRY, FL 32669

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 exemption stated in Chapter 119, 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: LILA G. DECUBELLIS

C

01/19/2009

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