

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002840

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ACCREDITED COMPLIANCE TESTING OF AMERICA, LLC

**Current Principal Place of Business:**

619 MOONDANCER CT.  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

427 CAPISTRANO DR.  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

619 MOONDANCER CT.  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

427 CAPISTRANO DR.  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 11-3767674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARBONE, DONNA M  
619 MOONDANCER CT.  
PALM BEACH GARDENS, FL 33410 US

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

CARBONE, MICHAEL K  
427 CAPISTRANO DR.  
PALM BEACH GARDENS, FL 33410 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: MICHAEL K. CARBONE

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARBONE, MICHAEL K  
Address: 427 CAPISTRANO DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: DR. MICHAEL K. CARBONE

MGRM

04/18/2011

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