

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90084 041 \*\*\*138.75

**DOCUMENT # L06000019460**

1. Entity Name  
**ACCELERATED TRAINING SERVICES, LLC**



Principal Place of Business

**245 N.E. 4TH AVENUE  
SUITE 102  
DELRAY BEACH, FL 33483**

Mailing Address

**245 N.E. 4TH AVENUE  
SUITE 102  
DELRAY BEACH, FL 33483**

**60003734**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0859136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**YEAKLE, KATIE  
245 N.E. 4TH AVENUE  
SUITE 102  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	YEAKLE, KATIE
STREET ADDRESS	245 N.E. 4TH AVENUE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	CHRIS DAVIS
STREET ADDRESS	245 N.E. 4TH AVE.
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**CHRIS DAVIS**

**18-JAN-08**

Date

**301 385 4569**

Daytime Phone #