

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072025

FILED
May 01, 2008
Secretary of State

Entity Name: ACCELERATED SUCCESS LLC

Current Principal Place of Business:

209 BELGIAN WAY
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

209 BELGIAN WAY
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 41-2248869 FEI Number Applied For () 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:

BARRINGTON, MELONIE C
209 BELGIAN WAY
SANFORD, FL 32773 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARRINGTON, MELONIE C
Address: 209 BELGIAN WAY
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Delete
Name: DETREVILLE, DEBRA
Address: 1805 HAWKINS AVE.
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: HOLLOWAY, JEANETTE
Address: 1311 SOUTH WEST ROAD
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

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

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: MELONIE C. BARRINGTON

MAN

05/01/2008

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