

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000094434

**FILED**  
**Sep 08, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL INSTITUTE OF QUALITY ASSURANCE, LLC

**Current Principal Place of Business:**

3200 NE 14TH STREET  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

361 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

3200 NE 14TH STREET  
POMPANO BEACH, FL 33062

**New Mailing Address:**

361 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**FEI Number:** 26-1077285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'NEAL, DANIEL  
3200 NE 14TH STREET  
POMPANO BEACH, FL 33062 US

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

O'NEAL, DANIEL  
361 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 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

09/08/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: O'NEAL, DANIEL  
Address: 361 E HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D  
Name: BROWNING, PAMELA  
Address: 361 E HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: DANIEL O'NEAL

MGR

09/08/2011

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