

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019921

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** IAR ACCREDITATION SERVICES, LLC

**Current Principal Place of Business:**

3564 AVALON PARK BLVD. E.  
SUITE 1, # 354  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

3564 AVALON PARK BLVD. E.  
SUITE 1, # 354  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CARDENAS, ANIBAL  
3564 AVALON PARK BLVD. E.  
SUITE 1, # 354  
ORLANDO, FL 32828 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: MGR  
Name: CARDENAS, ANIBAL EXEC.D  
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM  
Name: ALVARADO, CELSO ADVISOR  
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR  
Name: PABELLON, ANGEL DIRECTO  
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354  
City-St-Zip: ORLANDO, FL 32828 US

Title: CORD  
Name: NUNEZ, ELIZABETH MANAGER  
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354  
City-St-Zip: ORLANDO, FL 32828 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: CELSO ALVARADO

MGRM

04/30/2011

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