

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079376

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** ACCREDITED SOLUTIONS LLC

**Current Principal Place of Business:**

4095 STATE ROAD 7 SUITE L303  
WELLINGTON, FL 33449

**New Principal Place of Business:**

4095 STATE ROAD 7  
SUITE L303  
WELLINGTON, FL 33449

**Current Mailing Address:**

4095 STATE ROAD 7 SUITE L303  
WELLINGTON, FL 33449

**New Mailing Address:**

4095 STATE ROAD 7  
L303  
WELLINGTON, FL 33449

**FEI Number:** 27-0768514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGRM  
Name: POWELL, ROSE  
Address: 4095 STATE ROAD 7 SUITE L303  
City-St-Zip: WELLINGTON, FL 33449

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: ROSE POWELL

MGRM

04/09/2010

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