

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104220

**Entity Name:** ARTISTRY CONCEPTS, LLC

**Current Principal Place of Business:**

5350 GULF OF MEXICO DRIVE  
BOX A-6, SUITE 202  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

5350 GULF OF MEXICO DRIVE  
BOX A-6, SUITE 202  
LONGB, FL 34228 US

**FEI Number:** 26-4839474

**Certificate of Status Desired:** No

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

WESTON, MARK A  
5350 GULF OF MEXICO DRIVE  
BOX A-6, SUITE 202  
LONGBOAT KEY, FL 34228 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

**Authorized Person(s) Detail :**

Title MGR  
Name WESTON, MARK A  
Address 5350 GULF OF MEXICO DRIVE  
BOX A-6, SUITE 202  
City-State-Zip: LONGBOAT KEY FL 34228

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A. WESTON

**OWNER/MANAGER**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date