

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143502

**Entity Name:** CONCANON LLC

**Current Principal Place of Business:**

1730 S FEDERAL HWY  
#333  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1730 S FEDERAL HWY  
#333  
DELRAY BEACH, FL 33483 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PERCEPTIVE VISIONS, LLC  
1730 S FEDERAL HWY  
#333  
DELRAY BEACH, FL 33483 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 PERCEPTIVE VISIONS, LLC  
Address 618 RENAISSANCE LN  
SUITE 104  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name SENTENTIAL GROUP, LLC  
Address 618 RENAISSANCE LN  
SUITE 201  
City-State-Zip: DELRAY BEACH FL 33483

*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:** PERCEPTIVE VISIONS LLC

MGR

01/30/2014

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

\_\_\_\_\_  
Date