

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093909

**Entity Name:** CONCEPT PLUS, LLC

**Current Principal Place of Business:**

10556 S US HIGHWAY 1, STE 1  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

576 SW CRAWFISH DR  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 46-3127611

**Certificate of Status Desired:** No

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

JEAN-BAPTISTE, FRITZ  
576 SW CRAWFISH DR  
PORT ST LUCIE, FL 34953 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 MGRM  
Name JEAN-BAPTISTE, FRITZ  
Address 576 SW CRAWFISH DR  
City-State-Zip: PORT ST LUCIE FL 34953

Title MGR  
Name JEAN-BAPTISTE, ELODY  
Address 576 SW CRAWFISH DR  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** FRITZ JEAN-BAPTISTE

MGRM

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date