

2017 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

04/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date