

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000171167

**Entity Name:** LED CONCEPTS, LLC

**Current Principal Place of Business:**

909 SW 17 AVE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

909 SW 17TH AVE  
DELRAY BEACH, FL 33444 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HACKER, GARY  
3300 N 29 AVENUE  
SUITE 102  
HOLLYWOOD, FL 33020 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           MANAGER  
Name           MORRIS, JOHN PETER  
Address        909 SW 17TH AVE  
                  NC  
City-State-Zip: ASHEVILLE NC 28805

Title           AP  
Name           MORRIS, ROBANNE R  
Address        909 SW 17TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** JOHN PETER MORRIS

**MGR**

**04/25/2024**

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

\_\_\_\_\_  
Date