

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270059

**Entity Name:** ADVISORY CONCEPTS LLC

**Current Principal Place of Business:**

10461 BEN C PRATT/6 MILE CYPRESS PKWY  
SUITE 503  
FT. MYERS, FL 33966

**Current Mailing Address:**

10461 BEN C PRATT/6 MILE CYPRESS PKWY  
SUITE 503  
FT. MYERS, FL 33966 US

**FEI Number:** 83-2619551

**Certificate of Status Desired:** No

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

BOYD, JOHN S  
10461 BEN C PRATT/6 MILE CYPRESS PKWY  
SUITE 503  
FT. MYERS, FL 33966 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 BOYD, JOHN S  
Address 133 PARANZA TRACE  
City-State-Zip: ST. AUGUSTINE FL 32095

*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 S. BOYD

**MANAGING PARTNER**

**07/29/2019**

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

\_\_\_\_\_  
Date