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: JOAQUIN W. ROSADO

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: NOT APPLICABLE

DOCUMENT# L19000251281

Current Mailing Address: 8256 NW 44 TERRACE DORAL, FL 33166 US

Entity Name: STRATEGIQCONCEPTS, LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ROSADO, JOAQUIN W 8256 NW 44 TERRACE DORAL, FL 33166 US

8256 NW 44 TERRACE DORAL, FL 33166

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:	: JOAQUIN W. ROSADO			04/05/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CHAPLE, VANEZA	Name	ROSADO, JOAQUIN W	
Address	8256 NW 44 TERRACE	Address	8256 NW 44 TERRACE	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	

Certificate of Status Desired: No

MANAGER

Date