

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000317802

**Entity Name:** CONCEPT REMODELING LLC

**Current Principal Place of Business:**

8870 N HIMES AVE  
# 329  
TAMPA, FL 33614

**Current Mailing Address:**

8870 N HIMES AVE  
# 329  
TAMPA, FL 33614 US

**FEI Number:** 85-3620699

**Certificate of Status Desired:** No

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

BELMONDO MORINIGOS, IGOR  
8870 N HIMES AVE  
# 329  
TAMPA, FL 33614 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:** IGOR BELMONDO MORINIGOS

03/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BELMONDO MORINIGOS, IGOR  
Address 8870 N HIMES AVE, # 329  
City-State-Zip: TAMPA FL 33614

Title AMBR  
Name KNACK BELMONDO MORINIGOS,  
TABIANA KARINE  
Address 2238 SHIRECREST COVE WAY  
City-State-Zip: LUTZ FL 33558

*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:** IGOR BELMONDO MORINIGOS

**OWNER**

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date