

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011995

Entity Name: ALFA CONCEPTS, L.L.C.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

4578 N HIATUS RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

5511 N NOB HILL RD  
SUNRISE, FL 33351

**Current Mailing Address:**

4578 N HIATUS RD  
SUNRISE, FL 33351

**New Mailing Address:**

5511 N NOB HILL RD  
SUNRISE, FL 33351

FEI Number: 65-1129433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHN, SCOTT E ESQ  
COHN & MONIOUDIS PA  
315 SE 7TH ST SECOND FLOOR  
FT LAUDERDALE, FL 33301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: REYNAUD, CHRISTIAN  
Address: 4578 N HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: REYNAUD, CHRISTIAN  
Address: 5511 N NOB HILL RD  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTIAN REYNAUD

MR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date