LIMITED LIABILITY COMPANY
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012479

1. Entity Name
TODO CONCEPTS, LLC

FILED
03 APR 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8903 GLADES ROAD	806 CYPRESS GROVE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #109
City & State: BOCA RATON, FL.	City & State: POMPANO BEACH
Zip / Country: USA	Zip: 33069 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1127579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TARAK DOUIHECH

Street Address (P.O. Box Number is Not Acceptable): 5530 NW 61 ST. #326

City: COCONUT CREEK FL Zip Code: 33073

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tarak Douihech DATE: 4/14/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOUIHECH, TARAK 5530 NW 61 ST. #326 COCONUT CREEK, FL 33073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOUIHECH, ROBERTA 5530 NW 61ST #. 326 COCONUT CREEK, FL. 33073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOSTA FRANCISCO 806 CYPRESS GROVE LANE #109 POMPANO BEACH, FL. 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100016076522 04/15/03--01071--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M THOMAS

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Tarak Douihech 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #