

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90537 035 ****50.00

DOCUMENT # L01000018807

1. Entity Name

ADVANCE CONCEPTS, L.C.



Principal Place of Business

1060 MAITLAND CENTER COMMONS
365 (SUITE)
MAITLAND FL 32751

Mailing Address

1060 MAITLAND CENTER COMMONS
365 (SUITE)
MAITLAND FL 32751

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3314961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

HABAS, LEONARD H
1060 MAITLAND CENTER COMMONS
STE 365
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HABAS, LEONARD H	
STREET ADDRESS	743 VIA LUGANO	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LEVECCHIO, ANTHONY J	
STREET ADDRESS	1706 CARMEL DRIVE	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KRESGE, CARY JR	
STREET ADDRESS	2045 SUMMERLAND AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MULHARE, EDWARD A	
STREET ADDRESS	686 WESTVIEW COURT	
CITY-ST-ZIP	RIVER EDGE NJ 07661	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RESANOVICH, MILAN	
STREET ADDRESS	21 ROBIN HOOD LANE	
CITY-ST-ZIP	CHATHAM NJ 07928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #