

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000003339**

1. Entity Name  
**CONCEPTS GROUP, LLC**



Principal Place of Business  
**465 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**465 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**



04142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0993347**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VALDES MARTIN, MIRTHA  
420 S COUNTRY CLUB RD  
LAKE MARY, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

11/00000510216  
11/4/28/06-80070-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ROUDE, GUILLERMO  
465 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RODRIGUEZ, J. ALFREDO  
465 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**

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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/21/2006* *407-539-2606*