

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000028836

FILED
Dec 09, 2009
Secretary of State**Entity Name:** WORLD OF CONCEPTS, LLC**Current Principal Place of Business:**6499 POWERLINE RD
SUITE 106
FORT LAUDERDALE, FL 33309**New Principal Place of Business:**201 S. BISCAYNE BLVD.
28TH FLOOR
MIAMI, FL 33131**Current Mailing Address:**6499 POWERLINE RD
SUITE 106
FORT LAUDERDALE, FL 33309**New Mailing Address:**201 S. BISCAYNE BLVD.
28TH FLOOR
MIAMI, FL 33131**FEI Number:** 30-0167974**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOULE, RAYMOND MGRM
6499 POWERLINE RD
SUITE 106
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**KOSACHUK, CHRISTOPHER MGRM
201 S. BISCAYNE BLVD.
28TH FLOOR
MIAMI, FL 33131 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: CHRISTOPHER KOSACHUK

12/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: HOULE, RAYMOND MGRM
Address: 6499 POWERLINE RD SUITE 106
City-St-Zip: FORT LAUDERDALE, FL 33309**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: KOSACHUK, CHRISTOPHER MGRM
Address: 201 S. BISCAYNE BLVD., 28TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: CHRISTOPHER KOSACHUK

MGRM

12/09/2009

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