

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032528

Entity Name: ARCON, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

10105 WILD QUAIL DR.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

10105 WILD QUAIL DR.
PORT ST. LUCIE, FL 34986

New Mailing Address:

7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986

FEI Number: 02-0678076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPODI, DOMENIC
10105 WILD QUAIL DR.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

TRIPODI, DOMENIC
7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986 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:

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRIPODI, DOMINIC
Address: 10105 WILD QUAIL DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRIPODI, DOMINIC
Address: 7103 MAIDSTONE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: DOMENIC TRIPODI

MGR

04/27/2008

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