

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 025 ****55.00

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01222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000030422 1. Entity Name CONCEPT COMMERCIAL CONTRACTORS LLC			
Principal Place of Business 111 2ND AVE N.E. #317 317 ST. PETE, FL 33701		Mailing Address 111 2ND AVE N.E. #317 317 ST. PETE, FL 33701	
2. Principal Place of Business - No P.O. Box # 4901 1ST AVE N		3. Mailing Address 4901 1ST AVE N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL	
Zip 33710-8800		Zip 33710-8800	
Country 		Country 	
4. FEI Number 01-0816652		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHISON, PATRICK 6900 GREENBRIER DRIVE ST. PETE, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTCHISON, PATRICK 6900 GREENBRIER DRIVE ST. PETE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEMAN, KURT 5411 PILOTS PLACE NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small> _____ <small>Daytime Phone #</small> _____			