

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000032625

1. Entity Name  
HOME CONCEPTS LLC



FILED

09 JAN 12 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2049 BELLEVUE WAY  
TALLAHASSEE, FL 32304

Mailing Address  
2049 BELLEVUE WAY  
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #  
1708 Bellvedere ST

3. Mailing Address  
1708 Bellvedere ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122009 REIN-LLC CR2E101 (1/07)



City & State  
Tallahassee FL

City & State  
Tallahassee FL

4. FEI Number  
01-0812632

Applied For  
Not Applicable

Zip  
32308

Country  
USA

Zip  
32308

Country  
USA

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

## 6. Name and Address of Current Registered Agent

MANGANELLO, SAL D  
2049 BELLEVUE WAY  
TALLAHASSEE, FL 32304

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
1708 Bellvedere ST

City  
Tallahassee

FL

Zip Code  
32308

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

*S. D. Manganello*

(NOTE: Registered Agent signature required when reinstating)

1/12/09 S.M.

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MANGANELLO, SAL D	
STREET ADDRESS	2049 BELLEVUE WAY	
CITY- ST- ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	1708 Bellvedere ST.	
CITY- ST- ZIP	Tallahassee FL 32308	
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	400140386044	
CITY- ST- ZIP	01/13/09--01002--001 **277.50	
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 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:

*S. D. Manganello*

1/12/09

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

Date

Daytime Phone #