

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000032625

1. Entity Name
HOME CONCEPTS LLC



FILED

2011 DEC 20 PM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3060 W. THARPE ST, APT C
TALLAHASSEE, FL 32304

Mailing Address
1124 BRAFFORTON DR
TALLAHASSEE, FL 32311



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12202011 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
01-0812632

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGANELLO, SAL D
1124 BRAFFORTON DR
TALLAHASSEE, FL 32311

Name
Sal Manganello

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

3235 Yorktown Dr.

City
Tallahassee

FL

Zip Code 32312

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

FILE NOW!!! FEE IS \$238.75
After January 1, 2012, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MANGANELLO, SAL D
STREET ADDRESS
1124 BRAFFORTON DR.
CITY - ST - ZIP
TALLAHASSEE, FL 32311

TITLE
NAME
MGRM
Sal Manganello
STREET ADDRESS
3235 YORKTOWN DR
CITY - ST - ZIP
Tallahassee FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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

Date

Daytime Phone

J. SAULSBERRY

EXAMINER

DEC 20 2011