


DOCUMENT # L04000044415

1. Entity Name
INFORMATION CONCEPTS, LLC



08 JUN 25 PM 2: 06

Principal Place of Business 12157 WEST LINEBAUGH AVE., UNIT #359 TAMPA, FL 33626		Mailing Address 12157 WEST LINEBAUGH AVE., UNIT #359 TAMPA, FL 33626			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		06202008 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1242768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name		
			Street Address (P.O. Box Number is Not Acceptable) THE UPS STORE #1877		
			12157 WEST LINEBAUGH AVE.		
			TAMPA, FL 33626		
City			FL Zip Code		
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 <u><i>Thomas J. Hall</i></u> <u><i>Reese Rando</i></u> <u><i>June 21, 2008</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ADAMS, GERALD A SR. 12157 WEST LINEBAUGH AVE., UNIT #359 TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100131696681 06/25/08--01043--002 **376.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ADAMS, GERALD A SR. 12157 WEST LINEBAUGH AVE., UNIT #359 TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100131696681 06/25/08--01043--003 **1.50		
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		
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		
REINSTATEMENT 07-08 <i>WJ</i>			<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.

DISCUSSION.

6/22/2008 727
415-0887