

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000044415

FILED
Oct 28, 2009
Secretary of State

Entity Name: INFORMATION CONCEPTS, LLC

Current Principal Place of Business:

12157 WEST LINEBAUGH AVE., UNIT #359
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12157 WEST LINEBAUGH AVE., UNIT #359
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-1242768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE UPS STORE #1977
12157 WEST LINEBAUGH AVE.
TAMPA, FL 33626 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: JONATHAN RULLY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADAMS, GERALD A SR.
Address: 12157 WEST LINEBAUGH AVE., UNIT #359
City-St-Zip: TAMPA, FL 33626

Title: ST () Delete
Name: ADAMS, GERALD A SR.
Address: 12157 WEST LINEBAUGH AVE., UNIT #359
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: ADAMS, GERALD A SR.
Address: 12157 WEST LINEBAUGH AVE., UNIT #359
City-St-Zip: TAMPA, FL 33626

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: GERALD A ADAMS SR.

MGR

10/28/2009

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