

L05000025710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

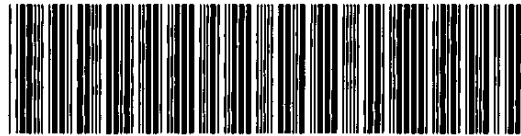
(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**  
JAN 11 2008  
**EXAMINER**

Office Use Only



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12/20/07--01017--027 \*\*35.00

2009 JAN 10 P 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2007

JOHN RAMSEY  
10508 GRAYSLAKE CT.  
TAMPA, FL 33626

SUBJECT: CONCEPT VENTURES, LLC  
Ref. Number: L05000025710

FILED  
2008 JAN 10 P 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CONCEPT VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 807A00071242

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Concept Ventures LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L 0 5 0 0 0 0 2 5 7 1 0

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ramsey  
(Name of Contact Person)

Concept Ventures  
(Firm/Company)

10508 Grayslake CT  
(Address)

Tampa FL 33626  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 10 P 2:07

FILED

For further information concerning this matter, please call:

John Ramsey at ( 813 ) 814-5680  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Concept Ventures, LLC.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ramsey  
(Name of Person)

Concept Ventures, LLC  
(Firm/Company)

10508 Graylake CT  
(Address)

Tampa FL 33626  
(City/State and Zip Code)

FILED  
2000 JAN 10 P 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Ramsey at ( 917 ) 518 1395  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

sent before, see letter # 807A00071242

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Concept Ventures LLC

2. The mailing address of the limited liability company is: 10508 Grayslake Ct

Tampa FL 33626

3/14/05

3. Date of filing/registration in Florida

L05000025710

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Business Filings Incorporated

Name

1203 Governors Square Blvd, Suite 101

Address

Tallahassee FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

John Ramsey

Name

400 Douglas Rd E, Unit

Florida street address (P.O. Box **NOT** acceptable)

Oklauma

FL

336 34677

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of member or authorized representative of a member)

John Ramsey

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00