

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 021 ****50.00

DOCUMENT # L05000103517

1. Entity Name
3-D CONCEPTS, LLC



Principal Place of Business
**6666 STUART AVENUE
JACKSONVILLE, FL 32254**

Mailing Address
**6666 STUART AVENUE
JACKSONVILLE, FL 32254**

DO NOT WRITE IN THIS SPACE



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-5170738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER, DARRELL D SR.
6666 STUART AVENUE
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOWLER, DARRELL D SR.
6666 STUART AVENUE
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOWLER, DARRELL D JR.
6666 STUART AVENUE
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOWLER, JON D
6666 STUART AVENUE
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Darrell D. Fowler, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/05/2007 904-786-6855

Date

Daytime Phone #

Darrell D. Fowler, Sr.