

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103517

Entity Name: 3-D CONCEPTS, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6666 STUART AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

6666 STUART AVENUE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 20-5170738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FOWLER, DARRELL D SR.  
Address: 6666 STUART AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGR  
Name: FOWLER, DARRELL D JR.  
Address: 6666 STUART AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGR  
Name: FOWLER, JON D  
Address: 6666 STUART AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby 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: DARRELL D. FOWLER

MGR

04/27/2012

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