

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000117354

**Entity Name:** FACILITY CONCEPTS, LLC

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

902 WHISLER CT  
ST CLOUD, FL 34769

**New Principal Place of Business:**

902 WHISLER CT  
ST CLOUD, FL 34769 US

**Current Mailing Address:**

902 WHISLER CT  
ST CLOUD, FL 34769

**New Mailing Address:**

4417 13TH STREET  
SUITE 217  
ST CLOUD, FL 34769 US

FEI Number: 20-4108501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CISLO, ERIC  
902 WHISLER CT  
ST CLOUD, FL 34769 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: ERIC R CISLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CISLO, ERIC R  
Address: 902 WHISLER CT  
City-St-Zip: ST CLOUD, FL 34769

**ADDITIONS/CHANGES:**

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

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: ERIC R CISLO

MGRM

10/05/2007

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