2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L06000024423

Entity Name: 3-D DESIGN CONCEPTS, LLC

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: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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	( ) Delete
Name:	FOWLER, DARRELL D SR.	
Address:	6666 STUART AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	MGR	( ) Delete
Name:	FOWLER, DARRELL D JR.	
Address:	6666 STUART AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	MGR	( ) Delete
Name:	FOWLER, JON D	
Address:	6666 STUART AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	MGR	( ) Delete
Name:	MAUKONEN, DARRELL	
Address:	14 WEST WIND DRIVE	
City-St-Zip:	CONNEAUT, OH 44030	
Title:	MGR	( ) Delete
Name:	MAUKONEN, ANTHONY W	
Address:	3634 FOX RUN DRIVE	
City-St-Zip:	ASHTABULA, OH 44004	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DARRELL D. FOWLER, SR. MGR 02/06/2009

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