

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024423

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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  
**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

**Title:** MGR  
**Name:** MAUKONEN, DARRELL  
**Address:** 14 WEST WIND DRIVE  
**City-St-Zip:** CONNEAUT, OH 44030

**Title:** MGR  
**Name:** MAUKONEN, ANTHONY W  
**Address:** 3634 FOX RUN DRIVE  
**City-St-Zip:** ASHTABULA, OH 44004

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, SR

MGR

02/16/2010

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