

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90077 009 \*\*\*\*55.00

DOCUMENT # L06000074577

1. Entity Name

CONTEMPORARY CONCEPTS LLC



Principal Place of Business

152 HOLLY HILL CT.  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

152 HOLLY HILL CT.  
NEW SMYRNA BEACH FL 32168  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

152 HOLLY HILL CT.  
City & State

152 HOLLY HILL CT.  
City & State

Zip

Country

Zip

Country

32168

U.S.

32168

U.S.

2nd MOORE

CR2E083 (4/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWLEY, CHRISTOPHER S  
152 HOLLY HILL CT.  
NEW SMYRNA BEACH FL 32168

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

N/A

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME HOPE, KENNETH S  
STREET ADDRESS 5820 SPRUCE CREEK RD.  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete  
CHANGE →

TITLE MGRM  
NAME HOPE, KENNETH S.  
STREET ADDRESS 920 BROADWIDGE LN.  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Change ☐ Addition

TITLE MGRM  
NAME EBERLIN, RYAN D  
STREET ADDRESS 152 HOLLY HILL CT.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

CHRISTOPHER S. CROWLEY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

06-15-07

(386) 562-3021