## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L06000098976 1. Entity Name CONCALPRO GROUP, LLC



Principal Place of Business 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172

Mailing Address 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172

## FILED May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANTONINI, GUILLERMO 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172

SIGNATURE.

SIGNATURE:

SIGN

04282008 No Chg-LLC

4. FEI Number 11-3792360 CR2E083 (12/07)

DATE

05/28/08-80014-020 138.75

000000939098

Date

Davtime Phone #

Applied For Not Applicable

5. Certificate of Status Desired

	\$5.00 Additional	
	Fee Required	

## **DO NOT WRITE** IN THIS SPACE

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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9.

TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGR ANTONINI, GUILLERMO T 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUHAMMAD, ADEL J 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WULFF, MAX W 2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52 DORAL, FL 33172	DO NOT WR	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-S1-ZIP				
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.				
SIGNATURE MANADES 04/30/08 7866215615				

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