

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 MAY -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200154603872
05/01/09--01002--023 **277.50



04272009 REIN-LLC CR2E101 (1/07)

4. FEI Number **87-0795240** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000006983			
1. Entity Name LCLS CONCEPTS, LLC			
Principal Place of Business 4580 DONALD ROSS ROAD, SUITE 109 PALM BEACH GARDENS, FL 33410		Mailing Address 8921 RAVEN ROCK COURT BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2743 PONCE DE LEON Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BEACH, FL	
Zip	Country	Zip	Country
		33445	

6. Name and Address of Current Registered Agent MATHEWS & PIAZZA, P.A. 1325 S. CONGRESS AVE., SUITE 104 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name ARTHUR PALERMO JR. CPA, PA Street Address (P.O. Box Number is Not Acceptable) 9720 STIRLING ROAD, SUITE 203 City COOPER CITY FL Zip Code 33024	
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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 DATE **4/28/09**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINGIANO, CHRISTOPHER S 4580 DONALD ROSS ROAD, SUITE 109 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCIULARA, MARIA 2743 PONCE DE LEON BOULEVARD DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VINGIANO, CHRISTOPHER S 4580 DONALD ROSS ROAD, SUITE 109 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BARTOLOTTA, FABLO 4580 DONALD ROSS ROAD, SUITE 109 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008-09

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: DATE **4/28/09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE