

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-03-2008 90073 049 ***138.75

DOCUMENT # L07000011782			
1. Entity Name THE CONCORDE GROUP, LLC			
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950		Mailing Address 99 NESBIT STREET PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Jack O. Hackett II	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 99 Nesbit Street	
City & State		City & State Punta Gorda FL	
Zip	Country	Zip	Country
33950		33950	
4. FEI Number 20-8781529		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Fee Required \$5.00 Additional	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: _____ (NOTE: Registered Agent signature required when renaming) DATE: _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/1/08 Daytime Phone #	

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