

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049645

FILED
Nov 05, 2008
Secretary of State

Entity Name: CONCEPT TECHNOLOGIES LLC

Current Principal Place of Business:

2645 NE 9TH AVE
UNIT 5
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3711 SE 9TH PL
CAPE CORAL, FL 33904

New Mailing Address:

2645 NE 9TH AVE
#5
CAPE CORAL, FL 33904

FEI Number: 56-2658179 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUPPELSBERG, JOHN M
3711 SE 9TH PL
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

HUPPELSBERG, JOHN M
2645 NE 9TH AVE
#5
CAPE CORAL, FL 33904 US

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: JOHN M HUPPELSBERG

11/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUPPELSBERG, JOHN M
Address: 3711 SE 9TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: VANELLA, DAVID A
Address: 472 NE 3RD CT
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN M HUPPELSBERG

MGRM

11/05/2008

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