

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000067869

FILED
Oct 05, 2012
Secretary of State

Entity Name: ART CONCEPTS GROUP, LLC

Current Principal Place of Business:

6351 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

6351 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309 US

Current Mailing Address:

8753 WELLINGTON VIEW DRIVE
WELLINGTON, FL 33411

New Mailing Address:

6351 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309 US

FEI Number: 80-0587203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUDREY TROIA
6351 N. ANDREWS AVE
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

TROIA, ROSARIO
6351 N. ANDREWS AVE
FORT LAUDERDALE, FL 33309 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: ROSARIO TROIA

10/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TROIA, ROSARIO D
Address: 6351 N. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: P
Name: TROIA, ROSARIO D
Address: 6351 N. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: MGR
Name: TROIA, AUDREY M
Address: 6351 N. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: S
Name: TROIA-RENDON, AUDREY M
Address: 6351 N. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

I hereby 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: ROSARIO TROIA

MGRM

10/05/2012

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