

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086876

Entity Name: HIGH KONCEPTS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2413 BAYSHORE BLVD #301
TAMPA, FL 33629

New Principal Place of Business:

19301 GOPHERTRAIL PLACE
LAND O'LAKES, FL 34638

Current Mailing Address:

2413 BAYSHORE BLVD #301
TAMPA, FL 33629

New Mailing Address:

19301 GOPHERTRAIL PLACE
LAND O'LAKES, FL 34638

FEI Number: 41-2252757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, CRAIG
2413 BAYSHORE BLVD #301
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BLANTON, CRAIG
19301 GOPHERTRAIL PLACE
LAND O'LAKES, FL 34638 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLANTON, CRAIG
Address: 2413 BAYSHORE BLVD #301
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: BLANTON, CAROLINA
Address: 2413 BAYSHORE BLVD #301
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLANTON, CRAIG
Address: 19301 GOPHERTRAIL PLACE
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGRM (X) Change () Addition
Name: BLANTON, CAROLINA
Address: 19301 GOPHERTRAIL PLACE
City-St-Zip: LAND O'LAKES, FL 34638

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: CRAIG BLANTON

MGRM

04/23/2009

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