

FILED
Jul 30, 2008 8:00 am
Secretary of State

DOCUMENT # L07000090245			
1. Entity Name ACCRETION BUSINESS CONCEPTS, LLC			
Principal Place of Business 27800 MICHIGAN STREET BONITA SPRINGS FL 34135 US		Mailing Address 27800 MICHIGAN STREET BONITA SPRINGS FL 34135 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WALDOCH, K MICHAEL 7380 CARRIER ROAD FORT MYERS FL 33912			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE <u><i>Donna Innes</i></u>		(NOTE: Registered Agent signature required) Signature, typed or printed name of registered agent and title if applicable	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$53 Make Check Payable to Florida Department of Banking & Finance			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZYNEL, DONNA 27800 MICHIGAN STREET BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.			
SIGNATURE: <u><i>Donna Innes</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	