

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117669

Entity Name: THE CELCON GROUP, LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

413 BELLE CLAIRE AVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

413 BELLE CLAIRE AVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 26-1722966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONCEPCION, STEVEN
413 BELLE CLAIRE AVE
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CELCIS-CONCEPCION, GINA
Address: 413 BELLE CLAIRE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Delete
Name: CONCEPCION, STEVEN
Address: 413 BELLE CLAIRE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CELCIS-CONCEPCION, GINA
Address: 413 BELLE CLAIRE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR (X) Change () Addition
Name: CONCEPCION, STEVEN
Address: 413 BELLE CLAIRE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR () Change (X) Addition
Name: ESTEBAN, OTERO
Address: 10010 NORTH HYALEAH ROAD
City-St-Zip: TAMPA, FL 33617

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: GINA CONCEPCION

MS

05/02/2009

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