

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000069762

Entity Name: FAMILY CONCEPTS LLC

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

630 WEST MONTROSE STREET  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

630 WEST MONTROSE STREET  
CLERMONT, FL 34711 US

**New Mailing Address:**

FEI Number: 11-3399327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENAITIS, RICHARD J  
630 WEST MONTROSE STREET  
CLERMONT, FL 34711 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: RICHARD GENAITIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOWARD, SUZANNE  
Address: 630 WEST MONTROSE STREET  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

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: SUZANNE HOWARD

MGR

10/21/2009

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