

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080774

FILED
Feb 14, 2009
Secretary of State

Entity Name: T CONCEPT US, LLC

Current Principal Place of Business:

1120 SOUTH ALHAMBRA CIR.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1120 SOUTH ALHAMBRA CIR.
CORAL GABLES, FL 33146

New Mailing Address:

14708 GOLDEN LEAF PLACE
LOUISVILLE, KY 40245

FEI Number: 26-3386014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: MENDIA, CARLOS G
Address: 14708 GOLDEN LEAF PLACE
City-St-Zip: LOUISVILLE, KY 40245

Title: MGRM () Delete
Name: MENDIA, ONEIDA A
Address: 14708 GOLDEN LEAF PLACE
City-St-Zip: LOUISVILLE, KY 40245

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS MENDIA

MGRM

02/14/2009

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