

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 05, 2009  
Secretary of State**

DOCUMENT# L08000081949

Entity Name: ENSPIRING CONCEPTS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1323 CONSERVANCY DRIVE EAST  
TALLAHASSEE, FL 32312 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 7018  
TALLAHASSEE, FL 32314 US

FEI Number: 80-0267777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COFIE, EUNICE N  
1323 CONSERVANCY DRIVE EAST  
TALLAHASSEE, FL 32312 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: COFIE, EUNICE N  
Address: 1323 CONSERVANCY DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 32312 US

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: EUNICE COFIE

MGR

05/05/2009

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