

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037908

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CONCEPCIONCONSULTINGGROUP, LLC

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 1250  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 1250  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-4709370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, FRANCISCO A  
10983 NW 53RD LANE  
DORAL, FL 33178 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  
**Name:** GOMEZ, FRANCISCO A  
**Address:** 10983 NW 53RD LANE  
**City-St-Zip:** DORAL, FL 33178

**Title:** MGRM  
**Name:** CONCEPCION, CARLOS F  
**Address:** 355 ALHAMBRA CIRCLE, SUITE 1250  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** FRANBCISCO A. GOMEZ

MGRM

01/05/2010

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