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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE

T. HAMPTON

SEY - 8 2011

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: L. G. Regleste Name of Limited Lia	te Concepts LL ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Bertran Geisinger		
L.G. Real estate concepts LLC		
Sag Sw Satur Ct Address Pat Sajt Junior Fla		
City/State and Zip Code E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: at (772) (26-5764) Name of Person Area Code & Daytime Telephone Number		
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 SEP -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 24, 2011

BERTRAM GEISINGER 509 SW SATURN CT PORT ST LUICE, FL 34953

SUBJECT: LG REAL ESTATE CONCEPTS LLC

Ref. Number: L10000084602

We have received your document for LG REAL ESTATE CONCEPTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 811A00019825

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in ordagent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company: L.G.	estate concepts LL
2. (a) Principal office address of limited liability compar	14: Sog SW Seturn CT
(Note: MUST BE STREET ADDRESS)	Flo 34953
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	95 Abone
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Carpen whom Sevice (0-)
Registered Office Address:	Tallahassler Fle 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	But a Geisinger
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	P.S.L. FL 34953
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with any pand I am familia	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an image vote erwise provided in the articles of granization by.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00