

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114960

Entity Name: VINTAGE CONCEPTS, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

941 SE HWY 19  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

3815 RINGDOVE PT.  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

PO BOX 1968  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

FEI Number: 45-3555031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEARDSLEY, HELEN  
941 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

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

CHRISTOPHER, COMBRINK  
3815 RINGDOVE PT  
CRYSTAL RIVER, FL 34429 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: CHRISTOPHER COMBRINK

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COMBRINK, CHRIS  
Address: PO BOX 1968  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: MGR  
Name: COMBRINK, CHELSEA  
Address: PO BOX 1968  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: MGR  
Name: COMBRINK, CLAYTON  
Address: PO BOX 1968  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: MGR  
Name: COMBRINK, CIERRA  
Address: PO BOX 1968  
City-St-Zip: CRYSTAL RIVER, FL 34423

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: CHRIS COMBRINK

MGRM

04/24/2012

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