2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002292

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

MGR

MATTOS, JOE

4501 BEECH RD

MATTOS, JOHN A

4501 BEECH ROAD

WHIPPLE, JEFFREY

4501 BEECH RD

() Delete

() Delete

() Delete

CAMP SPRINGS, MD 20748

CAMP SPRINGS, MD 20748

CAMP SPRINGS, FL 20748

Entity Name: COMCEPT SOLUTIONS, LLC

FILED Jan 22, 2009 Secretary of State

New Principal Place of Business:

13770 58TH STREET NORTH 315 CLEARWATER, FL 33760					
Current Ma	ailing Address	5:	New Mailing Address:		
13770 58TH STREET NORTH 315 CLEARWATER, FL 33760					
FEI Number:	ımber: 52-1847879 FEI Number Applied For () FEI		FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
MARTFELD, HOWARD E 13770 58TH STREET NORTH 315 CLEARWATER, FL 33760 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			t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MARTFELD, HO	REET NORTH SUITE 315	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ATWELL, GLEŃI	REET NORTH SUITE 315	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

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

() Change () Addition

() Change () Addition

SIGNATURE: HOWARD MARTFELD MGRM 01/22/2009