

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000001599

1. Entity Name
U.S. CONCEPTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 10:51

Principal Place of Business
16 WEST 22ND STREET
NEW YORK, NY 10010

Mailing Address
16 WEST 22ND STREET
NEW YORK, NY 10010

REINSTATEMENT 04-05

2. Principal Place of Business
75 NINTH AVE

3. Mailing Address
75 NINTH AVE

03112005 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.
3RD FLOOR

Suite, Apt. #, etc.
3RD FLOOR

City & State
NEW YORK NY

City & State
NEW YORK NY

4. FEI Number
03-0509813

Applied For
Not Applicable

Zip
10011

Country
NEW YORK

Zip
10011

Country
NEW YORK

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
BENFIELD, JOHN P
STREET ADDRESS
415 NORTHERN BLVD.
CITY-ST-ZIP
GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
75 NINTH AVE
NEW YORK NY 10011

TITLE
NAME
MGR
BENFIELD, DONALD A
STREET ADDRESS
415 NORTHERN BLVD.
CITY-ST-ZIP
GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DONALD A BERNARD
75 NINTH AVE
NEW YORK NY 10011

TITLE
NAME
MGR
AMERSHADIAN, PAUL
STREET ADDRESS
415 NORTHERN BLVD.
CITY-ST-ZIP
GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
75 NINTH AVE
NEW YORK NY 10011

TITLE
NAME
MGR
MURPHY, BRIAN
STREET ADDRESS
16 WEST 22ND STREET
CITY-ST-ZIP
NEW YORK, NY 10010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
75 NINTH AVE
NEW YORK, NY 10011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400048850064
03/22/05--01033--001 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/05

212-344-7439