

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087529

**Entity Name:** BELAIR CONCEPTS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1560 SW 119TH TERRACE  
DAVIE, FL 33325

**Current Mailing Address:**

1560 SW 119TH TERRACE  
DAVIE, FL 33325 US

**FEI Number:** 26-0794977

**Certificate of Status Desired:** No

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

WILLIAMSON, JOHN  
1560 SW 119TH TERRACE  
DAVIE, FL 33325 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

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	WILLIAMSON, JOHN	Name	WILLIAMSON, LORAIN
Address	1560 SW 119TH TERRACE	Address	1560 SW 119TH TERRACE
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORAIN WILLIAMSON

**MGRM**

**03/19/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date