

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086885

**Entity Name:** ARMA CONCEPTS LLC

**Current Principal Place of Business:**

255 CAYS DR UNIT 2005  
NAPLES, FL 34114

**Current Mailing Address:**

255 CAYS DR UNIT 2005  
NAPLES, FL 34114 US

**FEI Number:** 46-3093528

**Certificate of Status Desired:** No

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

KEYSER, DAVID  
255 CAYS DR UNIT 2005  
NAPLES, FL 34114 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  
Name KEYSER, DAVID  
Address 255 CAYS DRIVE, UNIT 2005  
City-State-Zip: NAPLES FL 34114

*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:** DAVID M KEYSER

MGR

02/15/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date