

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000108008

**Entity Name:** SOUTHERN CONCEPTS CONTRACTING LLC

**Current Principal Place of Business:**

2825 TREASURE COVE LN  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

2825 TREASURE COVE LN  
JACKSONVILLE, FL 32224 US

**FEI Number:** 46-3330662

**Certificate of Status Desired:** No

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

STEWART, EZEKIEL  
2825 TREASURE COVE LN  
JACKSONVILLE, FL 32224 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	AUTHORIZED MEMBER
Name	STEWART, EZEKIEL	Name	STEWART, RACHEL
Address	2825 TREASURE COVE LN	Address	2825 TREASURE COVE LN
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

*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:** RACHEL STEWART

**AUTHORIZED MANAGING MEMBER** 02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date