

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000124216

Entity Name: INVEST CONCEPT USA LLC**Current Principal Place of Business:**1915 MONROE STREET #2
HOLLYWOOD, FL 33020**Current Mailing Address:**1915 MONROE STREET #2
HOLLYWOOD, FL 33020**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAHENS, MONIQUE
1915 MONROE STREET #2
HOLLYWOOD, FL 33020 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 MGR
Name VIER SAC, LAURE ELISABET
Address 113 AVENUE DU BAILLI DE SUFFREN
City-State-Zip: ST LAURENT DU VAR, FRANCE
06700

Title MGR
Name VIER SAC, JEAN-PIERRE
Address 113 AVENUE DU BAILLI DE SUFFREN
City-State-Zip: ST LAURENT DU VAR, FRANCE
06700

Title MGR
Name VIER SAC, SHIRLEEN
Address 113 AVENUE DU BAILLI DE SUFFREN
City-State-Zip: ST LAURENT DU VAR, FRANCE
06700

Title MGR
Name VIER SAC, RODHLANN
Address 113 AVENUE DU BAILLI DE SUFFREN
City-State-Zip: ST LAURENT DU VAR, FRANCE
06700

Title MGR
Name VIER SAC, DAISY
Address 113 AVENUE DU BAILLI DE SUFFREN
City-State-Zip: ST LAURENT DU VAR, FRANCE
06700

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: LAURE ELISABETH VIER SAC**MANAGER****04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date