

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000241479

**Entity Name:** CONCEPT, LLC**Current Principal Place of Business:**4932 FELLO COVE AVE  
KISSIMMEE, FL 34744**Current Mailing Address:**4932 FELLO COVE AVE  
KISSIMMEE, FL 34744 US**FEI Number:** 82-3581117**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHANDRAPAUL, INDIRA  
4932 FELLO COVE AVE  
KISSIMMEE, FL 34744 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:** INDIRA CHANDRAPAUL

01/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | MGR                 | Title           | MGR                 |
| Name            | CHANDRAPAUL, RYAN   | Name            | CHANDRAPAUL, TREVOR |
| Address         | 4932 FELLO COVE AVE | Address         | 4932 FELLO COVE AVE |
| City-State-Zip: | KISSIMMEE FL 34744  | City-State-Zip: | KISSIMMEE FL 34744  |
|                 |                     |                 |                     |
| Title           | MGR                 | Title           | MGR                 |
| Name            | CHANDRAPAUL, SELISA | Name            | CHANDRAPAUL, NAMAN  |
| Address         | 4932 FELLO COVE AVE | Address         | 4932 FELLO COVE AVE |
| City-State-Zip: | KISSIMMEE FL 34744  | City-State-Zip: | KISSIMMEE FL 34744  |
|                 |                     |                 |                     |
| Title           | AMBR                |                 |                     |
| Name            | CHANDRAPAUL, INDIRA |                 |                     |
| Address         | 4932 FELLO COVE AVE |                 |                     |
| City-State-Zip: | KISSIMMEE FL 34744  |                 |                     |

*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:** INDIRA CHANDRAPAUL

MANAGER

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date