

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000241479

Entity Name: CONCEPT, LLC**Current Principal Place of Business:**4932 FELLOWS COVE AVE
KISSIMMEE, FL 34744**Current Mailing Address:**4932 FELLOWS COVE AVE
KISSIMMEE, FL 34744 US**FEI Number:** 82-3581117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANDRAPAUL, INDIRA
4932 FELLOWS 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

01/27/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date