

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000391

Entity Name: HISTORICAL CONCEPTS, LLC

Current Principal Place of Business:

430 PRIME POINT
SUITE 103
PEACHTREE CITY, GA 30269

Current Mailing Address:

430 PRIME POINT
SUITE 103
PEACHTREE CITY, GA 30269

FEI Number: 06-1664459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 STRICKLAND, JAMES
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR
Name STRICKLAND, TODD
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR
Name PLYANT, TERRELL
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR
Name DAILY, AARON
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR
Name COGAR, ANDREW
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR
Name CLARK, KEVIN
Address 430 PRIME POINT, SUITE 103
City-State-Zip: PEACHTREE CITY GA 30269

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: TODD STRICKLAND

MGR

02/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date