I bereby 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 i

under indep sense manual manual manual manual manual of manual opport 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.

MGMR

SIGNATURE: KELLY MILLIGAN

Electronic Signature of Signing Authorized Person(s) Detail

# 4648 NAOMI RIDGE LANE SARASOTA, FL 34233

**Current Principal Place of Business:** 

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LIFESTYLE MANAGEMENT & CONCIERGE SERVICES LLC

# **Current Mailing Address:**

DOCUMENT# L13000060297

4648 NAOMI RIDGE LANE SARASOTA. FL 34233 US

# FEI Number: 46-2655227

# Name and Address of Current Registered Agent:

RANSON, CHARLES 3500 MARSHA LANE VERO BEACH, FL 32967 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MILLIGAN, KELLY A	Name	L.E. HIGGS, ANDREA
Address	4648 NAOMI RIDGE LANE	Address	4648 NAOMI RIDGE LANE
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

# FILED Mar 05, 2020 Secretary of State 4941950034CC

Certificate of Status Desired: No

Date

03/05/2020

Date