

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093891

**Entity Name:** TREASURE COAST MEDICAL CONCIERGE, LLC

**Current Principal Place of Business:**

528 SE OSCEOLA STREET  
STUART, FL 34994

**Current Mailing Address:**

528 SE OSCEOLA STREET  
STUART, FL 34994 US

**FEI Number: 46-3134570**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBBINS, HOWARD  
528 SE OSCEOLA STREET  
STUART, FL 34994 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 MGRM  
Name ROBBINS, HOWARD  
Address 2322 NW BAY COLONY CT  
City-State-Zip: STUART FL 34994

Title MGRM  
Name KARDOS, LINDA  
Address 2322 NW BAY COLONY CT  
City-State-Zip: STUART FL 34994

*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: HOWARD ROBBINS**

**CEO**

**07/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date