

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000041387

**Entity Name:** FIRST CLASS CONCIERGE LLC

**Current Principal Place of Business:**

1000 SOUTH POINTE DRIVE  
PH07  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

910 WEST AVENUE  
300  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-5074384

**Certificate of Status Desired:** No

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

NILBRINK, JOHN  
910 WEST AVENUE  
300  
MIAMI BEACH, FL 33139 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 MS  
Name NILBRINK, VICTORIA  
Address 1200 WEST AVENUE 415  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name NILBRINK, JOHN  
Address 1200 WEST AVENUE 415  
City-State-Zip: MIAMI BEACH FL 33139

*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:** JOHN NILBRINK

**OWNER**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date