

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000075121

**Entity Name:** LMS CONCIERGE LIFESTYLE MANAGEMENT SPECIALISTS, LLC

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC3149850691**

**Current Principal Place of Business:**

3420 NE 13TH AVE  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

401 E. LAS OLAS BLVD.  
SUITE 130-402  
FORT LAUDERDALE, FL 33301 US

**FEI Number: 46-5627302**

**Certificate of Status Desired: No**

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

WISE, TIM  
5102 NW 54TH STREET  
TAMARAC, FL 33319 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           MANAGING DIRECTOR  
Name           CRUDUP, MASYH A  
Address        3420 NE 13TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

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: MASYH CRUDUP**

**MANAGING DIRECTOR**

**04/12/2016**

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

\_\_\_\_\_  
Date