

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131251

**Entity Name:** CONCIERGE INSURANCE BENEFITS LLC

**Current Principal Place of Business:**

6735 CONROY ROAD  
STE 203  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY ROAD  
SUITE 203  
ORLANDO, FL 32835 US

**FEI Number:** 47-4839822

**Certificate of Status Desired:** No

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

DRUMMOND CPA, LLC  
601 BRICKELL KEY DR  
STE 901  
MIAMI, FL 33131 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:** CLAUDIA JOHNSON

03/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	JOHNSON, CLAUDIA	Name	JOHNSON, CLAUDIA
Address	6735 CONROY ROAD STE 203	Address	6735 CONROY ROAD SUITE 203
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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:** CLAUDIA JOHNSON

AMBR

03/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date