

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000131251

Entity Name: CONCIERGE INSURANCE BENEFITS LLC

Current Principal Place of Business:

6735 CONROY ROAD
STE 201-203
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

01/22/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	JOHNSON, CLAUDIA	Name	JOHNSON, CLAUDIA
Address	6221 YORKTOWN DRIVE	Address	6735 CONROY ROAD SUITE 201-203
City-State-Zip:	ORLANDO FL 32807	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

MANAGING MEMBER

01/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date