

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131251

**Entity Name:** CONCIERGE INSURANCE BENEFITS LLC

**Current Principal Place of Business:**

6735 CONROY ROAD  
STE 419  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY ROAD  
SUITE 419  
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

02/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name JOHNSON, CLAUDIA  
Address 6735 CONROY ROAD  
STE 419  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name JOHNSON, CLAUDIA  
Address 6735 CONROY ROAD  
SUITE 419  
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

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date