

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131251

**Entity Name:** CONCIERGE INSURANCE BENEFITS LLC

**Current Principal Place of Business:**

6221 YORKTOWN DR  
ORLANDO, FL 32807

**Current Mailing Address:**

6221 YORKTOWN DR  
ORLANDO, FL 32807 US

**FEI Number:** 47-4839822

**Certificate of Status Desired:** No

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

CLAUDIA, JOHNSON  
6221 YORKTOWN DR  
ORLANDO, FL 32807 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

04/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	JOHNSON, CLAUDIA	Name	JOHNSON, CLAUDIA
Address	6221 YORKTOWN DR	Address	6221 YORKTOWN DR
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807

*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

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date