

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000287261

**Entity Name:** SELECT EXECUTIVE CARE HEALTHCARE CONCIERGE SERVICES LLC

**FILED**  
**Sep 04, 2020**  
**Secretary of State**  
**7076769274CC**

**Current Principal Place of Business:**

8024 CLOVERGLEN CIR.  
ORLANDO, FL 32818

**Current Mailing Address:**

8024 CLOVERGLEN CIR.  
ORLANDO, FL 32818 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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            AMBR  
Name            HOUSE , CLOSE  
Address        8024 CLOVERGLEN CIR.  
City-State-Zip: ORLANDO FL 32818

*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: CLOSE HOUSE**

**AMBR**

**09/04/2020**

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

\_\_\_\_\_  
Date