

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000213195

**Entity Name:** PREMIER CONCIERGE INSURANCE, LLC

**Current Principal Place of Business:**

4001 TAMIAMI TRAIL NORTH  
SUITE 350  
NAPLES, FL 34103

**Current Mailing Address:**

4001 TAMIAMI TRAIL NORTH  
SUITE 350  
NAPLES, FL 34103 US

**FEI Number:** 86-3831930

**Certificate of Status Desired:** No

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

GREGORY, NEIL  
4001 TAMIAMI TRAIL NORTH  
SUITE 350  
NAPLES, FL 34103 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:** NEIL GREGORY

05/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GUTMAN, HOWARD B  
Address 4200 GULF SHORE BLVD. NORTH  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name SWARTZMAN, GAVIN  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name KILLEEN, MICHAEL J.  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title AR  
Name HUSKEY, BUDGE  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

*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:** MICHAEL KILLEEN

COUNSEL

05/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date