

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

04/21/2023

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 MANAGER
Name LUTGERT, SCOTT
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

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

Title MANAGER
Name CROWLEY, DAVID
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

Title MANAGER
Name CONFER, KIMBERLY
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

Title MANAGER
Name CARTWRIGHT, KRISTIN
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

Title MANAGER
Name LUTGERT, ERIK
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

Title MANAGER
Name ESTATE OF KURT LUTGERT
Address 4001 TAMIAMI TRAIL NORTH
SUITE 350
City-State-Zip: NAPLES FL 34103

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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: BUDGE HUSKEY

MANAGER

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name PEERAGE US CORPORATION
Address 4001 TAMIAMI TRAIL NORTH
 SUITE 350
City-State-Zip: NAPLES FL 34103