

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000399106

Entity Name: CONCIERGE MEDICAL TRAINING, LLC

Current Principal Place of Business:

3944 NW 89 AVE
CORAL SPRINGS, FL 33065

Current Mailing Address:

3944 NW 89 AVE
CORAL SPRINGS, FL 33065

FEI Number: 87-2585991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRE ACCOUNTING & TAX SERVICES, LLC.
1635 E HIGHWAY 50, STE 206
CLERMONT, FL 34711 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 MGRM
Name AKINPELU, OLUFUNMILAYO
Address 3944 NW 89 AVE
City-State-Zip: CORAL SPRINGS FL 33065

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: OLUFUNMILAYO AKINPELU

MGRM

04/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date