

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000367456

Entity Name: CONCIERGE MEDICINE OF MIAMI LLC

Current Principal Place of Business:

825 MEADOWS ROAD, SUITE 111
BOCA RATON, FL 33486

Current Mailing Address:

825 MEADOWS ROAD, SUITE 111
BOCA RATON, FL 33486 US

FEI Number: 93-2845401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	PRICKETT, CAITLIN	Name	RUNYON, JEFFERY
Address	7901 4TH ST N STE 300	Address	1425 NAUTILUS ISLE
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	DANIA FL 33004

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: CAITLIN PRICKETT

MEMBER

02/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date