

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 022 ****50.00

0012551

DOCUMENT # L02000011682

1. Entity Name

CROWN CONCIERGE, LLC



Principal Place of Business

Mailing Address

**44 WEST FLAGLER STREET
MIAMI FL 33130**

**44 WEST FLAGLER STREET
MIAMI FL 33130**

90150253

2. Principal Place of Business

44 West Flagler Street

3. Mailing Address

44 West Flagler St.

Suite, Apt. #, etc.

Suite #1600

Suite, Apt. #, etc.

Suite #1600

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

76-0717836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM** ☐ Delete
Michael A. Falke
STREET ADDRESS **44 West Flagler St., Suite #1600**
CITY-ST-ZIP **Miami, FL 33130**

TITLE NAME **MGRM** ☐ Delete
Karen C. Sederberg
STREET ADDRESS **44 West Flagler Street, Suite #1600**
CITY-ST-ZIP **Miami, FL 33130**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Karen C. Sederberg

7-8-03

305-536-0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)