

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90007 002 ****50.00

DOCUMENT # L02000019323

1. Entity Name

MAISON CONCIERGE, L.L.C.



Principal Place of Business

**875 E. CAMINO REAL #15 E
BOCA RATON FL 33432**

Mailing Address

**875 E. CAMINO REAL #15 E
BOCA RATON FL 33432**

20092590



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

875 E Camino Real

Suite, Apt. #, etc.

15E

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

875 E. Camino Real

Suite, Apt. #, etc.

15E

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. FEI Number

32-0027790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIGH, STACEY L
875 E. CAMINO REAL, #15 E
BOCA RATON FL 33432**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HIGH, STACEY L
875 E. CAMINO REAL, #15 E
BOCA RATON FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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CR2E083 (10/02)

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:

Stacey L. High
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/8/03
Date

561-620-7462
Daytime Phone #