


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90092 039 *****50.00

DOCUMENT # L04000058207 1. Entity Name PALM BEACH CONCIERGE, LLC					
Principal Place of Business 6591 TRAVELER ROAD WEST PALM BEACH FL 33411			Mailing Address 6591 TRAVELER ROAD WEST PALM BEACH FL 33411		
2. Principal Place of Business ABOVE		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CAMERON, DAVIS & GONZALEZ, P.A. 901 N. OLIVE AVENUE WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Sharley Lobsinger Street Address (P.O. Box Number is Not Acceptable) 6591 Traveler Road West Palm Beach FL 33411		
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 Sharley Lobsinger 4-23-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOBSINGER, SHAR 6591 TRAVELER ROAD WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Sharley Lobsinger 4-23-05 561-758-6536 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



1st MOORE CR2E083 (10/04)

Attachment
#L04000058207

Florida Dept. of State

4/23/05

40072461

To Whom it may concern,

My name is Sharley Lobsinger and I started a business in 2004 named Palm Beach Concierge, LLC which is currently inactive, due to an illness that I had went through and was not able to perform the duties of this service. I am not sure that this annual report is necessary when a business is inactive. I have enclosed the filing fee of \$50.00 to avoid a penalty, but I would like to request that money back if it is not due with an inactive business.

If you would like to contact me regarding this request, I am available at 561-758-6536.

Thank you,
Sharley Lobsinger

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