

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008082

FILED
Nov 03, 2006
Secretary of State

Entity Name: WINDERMERE CONCIERGE, LLC

Current Principal Place of Business:

9158 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836

New Principal Place of Business:

11503 CAMDEN PARK DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

9158 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836

New Mailing Address:

11503 CAMDEN PARK DRIVE
WINDERMERE, FL 34786

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, KIMBERLY M
9158 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

MOORE, KIMBERLY M
11503 CAMDEN PARK DRIVE
WINDERMERE, FL 34786 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: KIMBERLY M MOORE

11/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, KIMBERLY M
Address: 9158 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, KIMBERLY M
Address: 11503 CAMDEN PARK DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KIMBERLY M MOORE

MGR

11/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date