

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007265

Entity Name: PRIVE CONCIERGE LTD CO

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

1314 WILDWOOD LAKES BLVD  
#6  
NAPLES, FL 34104

## New Principal Place of Business:

9089 RED CANYON DR  
FORT MYERS, FL 33908

## Current Mailing Address:

1314 WILDWOOD LAKES BLVD  
#6  
NAPLES, FL 34104

## New Mailing Address:

9089 RED CANYON DR  
FORT MYERS, FL 33908

FEI Number: 71-0995176      FEI Number Applied For ( )      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:

THOMAS-GRAY, CYNTHIA  
1314 WILDWOOD LAKES BLVD  
#6  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

THOMAS-GRAY, CYNTHIA  
9089 RED CANYON DR.  
FORT MYERS, FL 33908 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: CYNTHIA V THOMAS-GRAY

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: THOMAS-GRAY, CYNTHIA  
Address: 1314 WILDWOOD LAKES BLVD  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS-GRAY, CYNTHIA  
Address: 9089 RED CANYON DR  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA V THOMAS-GRAY

MGRM

05/01/2009

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