

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050876

FILED
Sep 05, 2007
Secretary of State

Entity Name: SAPPHIRE CONCIERGE SERVICES LLC

Current Principal Place of Business:

323 BRIDGETON RD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

323 BRIDGETON RD
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

BURBRIDGE, LORETTA
323 BRIDGETON RD
WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BURBRIDGE, LORETTA
Address: 323 BRIDGETON RD
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PALMER, SEAN
Address: 323 BRIDGETON RD
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: EDWARDS, JESSICA
Address: 11790 SW 24TH ST
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORETTA BURBRIDGE

MGR

09/05/2007

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