

# 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:**

BURBRIDGE, LORETTA  
323 BRIDGETON RD  
WESTON, FL 33326    US

**Name and Address of New Registered Agent:**

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:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

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