

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90256 020 ***138.75

DOCUMENT # L06000085688

1. Entity Name
CAPITAL CONCIERGE, LLC



Principal Place of Business
**301 W PLATT ST, 212
TAMPA, FL 33606**

Mailing Address
**301 W PLATT ST, 212
TAMPA, FL 33606**

2. Principal Place of Business - No P.O. Box #
301 W. Platt St. #212

3. Mailing Address
Same



Suite, Apt. #, etc.
212

Suite, Apt. #, etc.
same

05152008 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL

City & State
same

4. FEI Number
51-0431028

Applied For
☐ Not Applicable

Zip
33604 Country
USA

Zip
same Country
same

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALTERS, LISA M
9832 BAYBORO BRIDGE DR.
TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name
Lisa M. Salters

Street Address (P.O. Box Number is Not Acceptable)
**1208 E. Kennedy Blvd.
Unit 729**

City
Tampa **FL** Zip Code
33602

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 **Lisa M. Salters, President**

5/16/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SALTERS, LISA M
9832 BAYBORO BRIDGE DR.
TAMPA, FL 33626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SLATER, RONALD A
9832 BAYBORO BRIDGE DR.
TAMPA, FL 33626** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SALTERS, Lisa M.
1208 E. Kennedy Blvd. #729
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: **Lisa M. Salters**

5/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #