

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108332

FILED
Apr 12, 2009
Secretary of State

Entity Name: AS YOU WISH! CONCIERGE SERVICES, LLC

Current Principal Place of Business:

1016 S.E. KITCHING COVE LANE
PORT ST. LUCIE, FL 349525902

New Principal Place of Business:

Current Mailing Address:

1016 S.E. KITCHING COVE LANE
PORT ST. LUCIE, FL 349525902

New Mailing Address:

1016 S.E. KITCHING COVE LANE
PORT ST. LUCIE, FL 349525902 US

FEI Number: 20-5966340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JOLEEN G
1016 S.E. KITCHING COVE LANE
PORT ST. LUCIE, FL 349525902 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: MGRM () Delete
Name: KING, JOLEEN G
Address: 1016 S.E. KITCHING COVE LANE
City-St-Zip: PORT ST. LUCIE, FL 349525902

ADDITIONS/CHANGES:

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: JOLEEN G KING

MGRM

04/12/2009

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