

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116605

FILED  
Sep 08, 2008  
Secretary of State

**Entity Name:** CONCIERGE WOMEN'S CARE, LLC

**Current Principal Place of Business:**

1660 MEDICAL BLVD.  
101  
NAPLES, FL 34110 US

**New Principal Place of Business:**

720 5TH AVENUE SOUTH  
201  
NAPLES, FL 34102 US

**Current Mailing Address:**

PO BOX 111897  
NAPLES, FL 34108 US

**New Mailing Address:**

720 5TH AVENUE SOUTH  
201  
NAPLES, FL 34102 US

FEI Number: 61-1545801      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:**

LESKOVICH, STEVEN S  
1822 BROADWAY  
FORT MYERS, FL 33901 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: CRANDALL, BLANE M  
Address: 1660 MEDICAL BLVD. #101  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CRANDALL, BLANE M  
Address: 720 5TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: BLANE CRANDALL

MGRM

09/08/2008

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