

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074066

Entity Name: GULF COAST CONCIERGE, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

14717 4TH DR NE
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

14717 4TH DR NE
BRADENTON, FL 34212

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:

MCMILLAN, NAOMI P
14717 4TH DR NE
BRADENTON, FL 34212 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: MCMILLAN, NAOMI P
Address: 14717 4TH DR NE
City-St-Zip: BRADENTON, FL 34212

Title: MGR () Delete
Name: MCMILLAN, GARY D I
Address: 14717 4TH DR NE
City-St-Zip: BRADENTON, FL 34212

Title: MGRM () Delete
Name: MCMILLAN, GARY D II
Address: 14717 4TH DR NE
City-St-Zip: BRADENTON, FL 34212

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: NAOMI MCMILLAN

MGR

06/15/2009

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