

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000078293

**FILED
May 27, 2009
Secretary of State****Entity Name:** TAMPA PERSONAL CONCIERGE, LLC**Current Principal Place of Business:**838 LANTERN WAY
CLEARWATER, FL 33765**New Principal Place of Business:**2671 ST JOSEPH DRIVE EAST APT B
DUNEDIN, FL 34698**Current Mailing Address:**838 LANTERN WAY
CLEARWATER, FL 33765**New Mailing Address:**2671 ST JOSEPH DRIVE EAST APT B
DUNEDIN, FL 34698

FEI Number: 26-3170659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CONSTANTINO, ANTHONY M JR.
838 LANTERN WAY
CLEARWATER, FL 33765 US**Name and Address of New Registered Agent:**FABRIZIO, ANITA
2671 ST JOSEPH DRIVE EAST APT B
DUNEDIN, FL 34698 US

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: ANITA FABRIZIO

05/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: CONSTANTINO, ANTHONY M JR
Address: 838 LANTERN WAY
City-St-Zip: CLEARWATER, FL 33765Title: MGR (X) Delete
Name: FABRIZIO, ANITA
Address: 838 LANTERN WAY
City-St-Zip: CLEARWATER, FL 33765**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: FABRIZIO, ANITA
Address: 2671 ST JOSEPH DRIVE EAST, APT B
City-St-Zip: DUNEDIN, FL 34698Title: () 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: ANITA FABRIZIO

MGR

05/27/2009

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