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COVER LETTER

Division of Corporations		
SUBJECT: Island Elite Concierge LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Tracey Siciliano Name of Person Island Elite Concierge L Firm/Company		
1118 Jason Way		
West Palm Beach, FL 33406 City/State and Zip Code		
E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter, please call:		
Tracey Siciliano at (56) Name of Person) 386-7529 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$.	55 Filing Fee & Certified Copy	

Registration Section

TO: