

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000179081

**Entity Name:** CONCIERGE RESOURCE PROFESSIONAL CONSULTANTS, LLC

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**7227261067CC**

**Current Principal Place of Business:**

12920 HAVERFORD ROAD N  
#6  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 17575  
JACKSONVILLE, FL 32245

**FEI Number: 47-5490565**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

E & T GAMBLE ENTERPRISES DBA CRPC CONSULTING,LLC  
12920 HAVERFORD ROAD N  
#6  
JACKSONVILLE, FL 32218 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: THERESE W. GAMBLE**

**02/21/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name GAMBLE, THERESE W  
Address 12920 HAVERFORD ROAD N  
#6  
City-State-Zip: JACKSONVILLE FL 32246

Title COO  
Name GAMBLE, EARNEST SR.  
Address 12920 HAVERFORD ROAD N  
#6  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name EARNEST , GAMBLE JR.  
Address 950 GEORGE STREET  
APT C  
City-State-Zip: WAYCROSS GA 31503

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THERESE W. GAMBLE**

**CEO**

**02/21/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date