

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000085970

Entity Name: CONCIERGE CARE OF FORT MYERS, LLC**Current Principal Place of Business:**12553 NEW BRITTANY BLVD
SUITE 32
FORT MYERS, FL 33907**Current Mailing Address:**12553 NEW BRITTANY BLVD
SUITE 32
FORT MYERS, FL 33907 US**FEI Number:** 82-1211230**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RALSTON, NANCY
6817 SOUTHPOINT PARKWAY
SUITE 1503
JACKSONVILLE, FL 32216 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MEMBER
Name	RALSTON, NANCY
Address	6817 SOUTHPOINT PARKWAY SUITE 1503
City-State-Zip:	JACKSONVILLE FL 32216

Title	MEMBER
Name	BAGLEY, MELISSA
Address	6817 SOUTHPOINT PARKWAY SUITE 1503
City-State-Zip:	JACKSONVILLE FL 32216

Title	MEMBER
Name	MASTERSON HEYER, KATHY
Address	12553 NEW BRITTANY BLVD SUITE 32
City-State-Zip:	FORT MYERS FL 33907

Title	MEMBER
Name	SHEDROW, KIM
Address	12553 NEW BRITTANY BLVD SUITE 32
City-State-Zip:	FORT MYERS FL 33907

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: NANCY RALSTON

MEMBER

09/09/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date