

2018 FLORIDA LIMITED LIABILITY COMPANY 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
105 ANNAPOLIS LN
SUITE 1502
PONTE VEDRA BEACH, FL 32082 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	MGR
Name	RALSTON, NANCY
Address	105 ANNAPOLIS LN
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	MGR
Name	BAGLEY, MELISSA
Address	14844 BULLOW CREEK DRIVE
City-State-Zip:	JACKSONVILLE FL 32258

Title	MGR
Name	SHEDROW, KIM
Address	12501 WALDEN RUN DRIVE
City-State-Zip:	FORT MEYERS FL 33913

Title	MGR
Name	YOUNG, ROBERT
Address	6119 SHADEHILL ROAD
City-State-Zip:	JACKSONVILLE FL 32258

Title	MGR
Name	MASTERSON HEYER, KATHY
Address	3714 SOUTHWEST 12TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

Title	MGR
Name	STIFTER, DAVID
Address	1863 BLUE HERON LANE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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**MANAGER****01/11/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date