

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000387880

Entity Name: CONCIERGE CARE OF PALM BEACH LLC

Current Principal Place of Business:

4723 W. ATLANTIC AVE
SUITE A4
DELRAY BEACH, FL 33445

Current Mailing Address:

6817 SOUTHPOINT PKWY
STE 1004
JACKSONVILLE, FL 32216 US

FEI Number: 85-4247544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RALSTON, NANCY
6817 SOUTHPOINT PKWY STE 1004
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 MGR
Name RALSTON, NANCY
Address 6817 SOUTHPOINT PKWY STE 1004
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name STIFTER, DAVID
Address 6817 SOUTHPOINT PKWY STE 1004
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name RALSTON, ASHLEY
Address 6817 SOUTHPOINT PKWY STE 1004
City-State-Zip: JACKSONVILLE FL 32216

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

MANAGING PARTNER

01/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date