

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000461455

**Entity Name:** PHYSICIAN RELOCATION CONCIERGE LLC

**Current Principal Place of Business:**

397 LATROBE AVE  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

397 LATROBE AVE  
ST AUGUSTINE, FL 32095

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GLYNN, TRACY L  
397 LATROBE AVE  
SAINT AUGUSTINE, FL 32095 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            AMBR  
Name            GLYNN, THERON B  
Address        397 LATROBE AVE  
City-State-Zip: ST AUGUSTINE FL 32095

*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:** THERON B GLYNN

**MANAGING MEMBER**

**04/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date