2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2024
Secretary of State
2790418896CC

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Entity Name: CONCIERGE CARE OF NORTH CENTRAL FL, LLC

Current Principal Place of Business:

2622 NW 43RD ST. SUITE C4
SUITE C4
GAINESVILLE, FL 32606

Current Mailing Address:

6817 SOUTHPOINT PKWAY
SUITE 1004
JACKSONVILLE, FL 32216 UN

FEI Number: 92-1243646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RALSTON, NANCY
6817 SOUTHPOINT PARKWAY
SUITE 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	Title	MGR
Name	RALSTON, NANCY	Name	STIFTER, DAVID
Address	6817 SOUTHPOINT PARKWAY, SUITE1004	Address	6817 SOUTHPOINT PARKWAY, SUITE 1004
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

Title	MGR
Name	RALSTON, ASHLEY
Address	6817 SOUTHPOINT PARKWAY, SUITE1004
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 01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date