

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017621

**FILED**  
**Feb 18, 2023**  
**Secretary of State**  
**2959949962CC**

**Entity Name:** THE REALTY CONCIERGE, LLC

**Current Principal Place of Business:**

35 BRAINTREE HILL OFFICE PARK SUITE 404  
BRAINTREE, MA 02184

**Current Mailing Address:**

35 BRAINTREE HILL OFFICE PARK SUITE 404  
BRAINTREE, MA 02184 US

**FEI Number:** 83-0884852

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 GOEDICKE, MIKE  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title AP  
Name GOEDICKE, MIKE  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title MGR  
Name KELLICKER, MATT  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title AP  
Name KELLICKER, MATT  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title MGR  
Name REILLY, TOM  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title AP  
Name REILLY, TOM  
Address 35 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

*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:** MIKE GOEDICKE

**MANAGER**

**02/18/2023**

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

\_\_\_\_\_  
Date