

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000237567

**Entity Name:** CONVEY CONCEPTS LLC

**Current Principal Place of Business:**

12191 W LINEBAUGH AVE  
STE #5  
TAMPA, FL 33626

**Current Mailing Address:**

12191 W LINEBAUGH AVE  
STE #5  
TAMPA, FL 33626 US

**FEI Number:** 87-0954620

**Certificate of Status Desired:** No

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

MELONY, RIVERA  
12191 W LINEBAUGH AVE, #5  
TAMPA, FL 33626 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 MANAGING DIRECTOR  
Name RIVERA, MELVIN  
Address 12191 W LINEBAUGH AVE, #5  
City-State-Zip: TAMPA FL 33626

Title MANAGING DIRECTOR  
Name RIVERA, MELONY  
Address 12191 W LINEBAUGH AVE, #5  
City-State-Zip: TAMPA FL 33626

Title AUTHORIZED MEMBER  
Name RIVERA, NELSON D  
Address 12191 W LINEBAUGH AVE  
STE #5  
City-State-Zip: TAMPA FL 33626

Title AUTHORIZED MEMBER  
Name WHITE, ALAHNI D  
Address 12191 W LINEBAUGH AVE  
STE #5  
City-State-Zip: TAMPA FL 33626

*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:** MELONY D RIVERA

**MANAGING DIRECTOR**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date