

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000206120

**Entity Name:** BEATA CONLEY LLC

**Current Principal Place of Business:**

9507 GLENPOINTE DR.  
RIVERVIEW, FL 33569

**Current Mailing Address:**

4279 S HIGHWAY 27  
STE E  
CLERMONT, FL 34711 US

**FEI Number:** 92-3710961

**Certificate of Status Desired:** No

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

TAX PROS OF CLERMONT LLC  
4279 S HWY 27  
STE E  
CLERMONT, FL 34711 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            BEATA, CONLEY  
Address        1340 ANDERSON ST  
City-State-Zip: CLERMONT FL 34711

Title            AMBR  
Name            CONLEY, LEAH  
Address        9507 GLENPOINTE DR.  
City-State-Zip: RIVERVIEW FL 33569

*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:** BEATA , CONLEY

**PRESIDENT**

**01/11/2024**

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

\_\_\_\_\_  
Date