

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016894

**Entity Name:** HORSE CONCH, LLC

**Current Principal Place of Business:**

189 EAST RIDGE RD  
ISLAMORADA, FL 33036

**Current Mailing Address:**

189 EAST RIDGE RD  
ISLAMORADA, FL 33036 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GREGG, MARK H  
189 EAST RIDGE RD  
ISLAMORADA, FL 33036 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 GREGG, MARK H  
Address 189 EAST RIDGE RD  
City-State-Zip: ISLAMORADA FL 33036

Title MGRM  
Name GREGG, M  
Address 189 EAST RIDGE RD  
City-State-Zip: ISLAMORADA FL 33036

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Name GREGG, M  
Address 189 EAST RIDGE RD  
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Name GREGG, M  
Address 189 EAST RIDGE RD  
City-State-Zip: ISLAMORADA FL 33036

Title MGRM  
Name GREGG, MARK  
Address 189 EAST RIDGE RD  
City-State-Zip: ISLAMORADA FL 33036

*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:** MARK H. GREGG

**MANAGER/MEMBER**

**04/25/2024**

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

\_\_\_\_\_  
Date