

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000031680

**Entity Name:** MACH PLUS 3 FAMILY LLC

**Current Principal Place of Business:**

218 SLEEPY OAKS RD NW  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

218 SLEEPY OAKS ROAD NW  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 20-2615391

**Certificate of Status Desired:** No

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

KOCH, MARK D  
218 SLEEPY OAKS RD NW  
FORT WALTON BEACH, FL 32548 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           MANAGER  
Name           KOCH, MARK D  
Address        218 SLEEPY OAKS ROAD NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title           MANAGER/MGRM  
Name           KOCH, CHERI L  
Address        218 SLEEPY OAKS RD NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title           MANAGER/AMBR  
Name           KOCH, JUSTIN D  
Address        218 SLEEPY OAKS RD NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title           MANAGER/AMBR  
Name           CROWN, KRISTEN G  
Address        115 WALDEN RIDGE WAY  
City-State-Zip: SUMMERVILLE SC 29485

Title           MANAGER/AMBR  
Name           KOCH, AMBER M  
Address        218 SLEEPY OAKS RD NW  
City-State-Zip: FORT WALTON BEACH FL 32548

*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 D KOCH

**MANAGER**

**01/08/2022**

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

\_\_\_\_\_  
Date