**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 05, 2025**
**Secretary of State**
**2009251882CC**

DOCUMENT# L09000110527

**Entity Name:** CONNER RETREAT, LLC

**Current Principal Place of Business:**

4620 IRIS ST N
ST. PETERSBURG , FL 33714

**Current Mailing Address:**

P.O. BOX 192
BLUE RIDGE, GA 30513 US

**FEI Number: 27-1332055**

**Certificate of Status Desired:** No

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

NORMAN, CHRISTOPHER HRDQ
HONES NORMAN HINES, P.L.
315 S HYDE PARK AVE
TAMPA, FL 33606 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 | MR | Title | MRS. |
| Name | CONNER, JOHN S | Name | CONNER, MARGARET S |
| Address | P.O. BOX 192 | Address | P.O. BOX 192 |
| City-State-Zip: | BLUE RIDGE GA 30513 | City-State-Zip: | BLUE RIDGE GA 30513 |

*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: JOHN S. CONNER MANAGER 02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date