

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000436046

**Entity Name:** LAURA A. CONRAN, LLC

**Current Principal Place of Business:**

5483 FERRARI AVE  
AVE MARIA, FL 34142

**Current Mailing Address:**

5483 FERRARI AVE  
AVE MARIA, FL 34142

**FEI Number:** 87-2952736

**Certificate of Status Desired:** No

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

CONRAN, LAURA A  
5483 FERRARI AVE  
AVE MARIA, FL 34142 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	Title	OWNER
Name	CONRAN, LUCAS J	Name	LAURA, CONRAN A
Address	5483 FERRARI AVE	Address	5483 FERRARI AVE
City-State-Zip:	AVE MARIA FL 34142	City-State-Zip:	AVE MARIA FL 34142

*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:** LAURA A. CONRAN

**OWNER**

**04/05/2024**

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

\_\_\_\_\_  
Date