

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000460718

**Entity Name:** US GHOST ADVENTURES LLC

**Current Principal Place of Business:**

230 2ND STREET  
FALL RIVER, MA 02720

**Current Mailing Address:**

PO BOX 5757  
WILLIAMSBURG, VA 23188

**FEI Number:** 84-5050304

**Certificate of Status Desired:** No

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

CHARTED COURSES LLC  
4530 MISTY MORN CIRCLE  
ORLANDO, FL 32812 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 MGRM  
Name ZAAL, LANCE  
Address PO BOX 5757  
City-State-Zip: WILLIAMSBURG VA 23188

*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:** LANCE ZAAL

**OWNER**

**05/22/2023**

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

\_\_\_\_\_  
Date