

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000526457

**Entity Name:** HISTORICAL GHOST TOURS LLC

**Current Principal Place of Business:**

1028 VIRGINIA STREET  
B  
KEY WEST, FL 33040

**Current Mailing Address:**

1028 VIRGINIA STREET  
B  
KEY WEST, FL 33040

**FEI Number:** 92-1625439

**Certificate of Status Desired:** Yes

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

GEOGHEGAN, NIAL P  
1028 VIRGINIA STREET  
B  
KEY WEST, FL 33040 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 GEOGHEGAN, NIAL P  
Address 1028 VIRGINIA STREET, B  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name LISINSKI, KEVIN W  
Address 1213 14TH STREET, LOT 67  
City-State-Zip: KEY WEST FL 33040

*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:** NIAL PATRICK GEOGHEGAN

04/30/2024

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

\_\_\_\_\_  
Date