

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003219

**Entity Name:** GULF DRIVE PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

5453 GULF DRIVE, SUITE 3  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5453 GULF DRIVE, SUITE 3  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3010300

**Certificate of Status Desired:** Yes

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

GULECAS, JAMES FESQ  
1968 BAYSHORE BOULEVARD  
DUNEDIN, FL 34698 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           KUMAR, ALOK  
Address        5453 GULF DRIVE, SUITE 3  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           MANAGER  
Name           SRIVASTAVA, SANGEETA  
Address        5453 GULF DRIVE, SUITE 3  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** ALOK KUMAR

MANAGER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date