

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000137820

Entity Name: GPRO MANAGEMENT, LLC**Current Principal Place of Business:**3570 SE DIXIE HIGHWAY
STUART, FL 34997**Current Mailing Address:**3570 SE DIXIE HIGHWAY
STUART, FL 34997 US**FEI Number:** 47-1751358**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CONLON AND ASSOCIATES LLC
850 NW FEDERAL HWY.
SUITE 101
STUART, FL 34994 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:** DAVID CONLON

02/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	LAPRADE, DAVID A
Address	17017 NW 294TH STREET
City-State-Zip:	OKEECHOBEE FL 34972

Title	AMBR
Name	LAPRADE, WILLIAM K
Address	5332 SW LANDING CREEK DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	AMBR
Name	LAPRADE, JEANENE A
Address	17017 NW 294TH STREET
City-State-Zip:	OKEECHOBEE FL 34972

Title	AMBR
Name	LAPRADE, TARA B
Address	5332 SW LANDING CREEK DRIVE
City-State-Zip:	PALM CITY FL 34990

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: DAVID LAPRADE

PRESIDENT

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date