

**2017 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:**MALCOLM & ASSOCIATES  
611 SW FEDERAL HIGHWAY, #L  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	AMBR
Name	LAPRADE, DAVID A
Address	2481 SE WOOD AVENUE
City-State-Zip:	PORT SAINT LUCIE FL 34952

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	2481 SW WOOD AVENUE
City-State-Zip:	PORT SAINT LUCIE FL 34952

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 LA PRADE**PRESIDENT****03/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date