

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000002861

**Entity Name:** GMCRE, PLLC

**Current Principal Place of Business:**

200 S SHADOWBAY BLVD  
LONGWOOD, FL 32779

**Current Mailing Address:**

200 S SHADOWBAY BLVD  
LONGWOOD, FL 32779 US

**FEI Number:** 47-2779619

**Certificate of Status Desired:** No

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

HARBERT, THOMAS R  
225 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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            MORRISON, GREGORY N  
Address        200 S SHADOWBAY BLVD  
City-State-Zip: LONGWOOD FL 32779

*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:** GREGORY N MORRISON

AMBR

02/28/2024

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

\_\_\_\_\_  
Date