## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000160793

Entity Name: G-FORCE PRO LLC

**Current Principal Place of Business:** 

4700 MONTANA AVE NE

1726 MONTANA AVE NE

N/A

ST PETERSBURG, FL 33703

**Current Mailing Address:** 

PO BOX 56013

N/A

ST PETERSBURG, FL 33732 US

FEI Number: 46-4144011 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAMBLE , MONEKA Y 1726 MONTANA AVE NE

N/A

ST PETERSBURG, FL 33703 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: MONEKA Y GAMBLE 02/22/2023

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGR Title AUTHORIZED REPRESENTATIVE

Name GAMBLE, MONEKA Y Name WRIGHT, GLORIA J

Address PO BOX 56013 Address PO BOX 56013

N/A

City-State-Zip: ST PETERSBURG FL 33732 City-State-Zip: ST PETERSBURG FL 33732

Title AUTHORIZED MEMBER Title AUTHORIZED REPRESENTATIVE

Name GAMBLE, LADEE L Name WRIGHT, BOBBIE D

Address PO BOX 56013 Address PO BOX 56013

N/A

City-State-Zip: ST PETERSBURG FL 33732 City-State-Zip: ST PETERSBURG FL 33732

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.

FILED Feb 22, 2023

**Secretary of State** 

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