

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000160793

Entity Name: G-FORCE PRO LLC

Current Principal Place of Business:

690 MAIN STREET
1090
SAFETY HARBOR , FL 34695-3551

Current Mailing Address:

690 MAIN STREET
N/A 1090
SAFETY HARBOR, FL 34695-3551 US

FEI Number: 46-4144011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAMBLE , MONEKA Y
690 MAIN STREET
N/A 1090
SAFETY HARBOR, FL 34695-3551 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

03/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GAMBLE, MONEKA Y
Address 690 MAIN STREET
N/A 1090
City-State-Zip: SAFETY HARBOR FL 34695-3551

Title AUTHORIZED REPRESENTATIVE
Name WRIGHT, GLORIA J
Address 690 MAIN STREET
N/A 1090
City-State-Zip: SAFETY HARBOR FL 34695-3551

Title AUTHORIZED MEMBER
Name GAMBLE , LADEE L
Address 690 MAIN STREET
N/A 1090
City-State-Zip: SAFETY HARBOR FL 34695-3551

Title AUTHORIZED REPRESENTATIVE
Name WRIGHT, BOBBIE D
Address 690 MAIN STREET
N/A 1090
City-State-Zip: SAFETY HARBOR FL 34695-3551

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: MONEKA Y GAMBLE

AUTHORIZED MEMBER

03/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date