

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000110519

**Entity Name:** GEFFKEN GROUP, PLLC

**Current Principal Place of Business:**

2833 NW 41ST STREET  
SUITE 140  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2833 NW 41ST STREET  
SUITE 140  
GAINESVILLE, FL 32606 US

**FEI Number:** 81-2884475

**Certificate of Status Desired:** No

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

GEFFKEN, GARY PHD  
2833 NW 41ST STREET  
SUITE 140  
GAINESVILLE, FL 32606 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            GEFFKEN, GARY ROY  
Address        2833 NW 41ST STREET  
                  SUITE 140  
City-State-Zip: GAINESVILLE FL 32606

*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:** GARY GEFFKEN

AMBR

04/30/2024

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

\_\_\_\_\_  
Date