

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000096730

**Entity Name:** 535 GA, LLC

**Current Principal Place of Business:**

7623 US HWY 98 N  
LAKELAND, FL 33809

**Current Mailing Address:**

PO BOX 623  
AUBURNDALE, FL 33823 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CLARK, CAMPBELL, LANCASTER & MUNSON, P.A.  
500 SOUTH FLORIDA AVE  
SUITE 800  
LAKELAND, FL 33801 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 MGR  
Name JOHNSON, TERRY  
Address PO BOX 623  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name RIFFEL, PHILLIP  
Address PO BOX 623  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name KELLEY, DERRICK  
Address PO BOX 623  
City-State-Zip: AUBURNDALE FL 33823

*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:** TERRY JOHNSON

MANAGER

04/07/2023

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

\_\_\_\_\_  
Date