

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000416387

**Entity Name:** GORILLA TACTICS LLC

**Current Principal Place of Business:**

5032 LINKSMAN PLACE  
NORTH PORT, FL 34287

**Current Mailing Address:**

5032 LINKSMAN PLACE  
NORTH PORT, FL 34287 US

**FEI Number:** 92-0498232

**Certificate of Status Desired:** No

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

IADEVAIA, STEPHEN  
5032 LINKSMAN PLACE  
NORTH PORT, FL 34287 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 IADEVAIA, STEPHEN  
Address 5032 LINKSMAN PLACE  
City-State-Zip: NORTH PORT FL 34287

Title AMBR  
Name IADEVAIA, NICOLE  
Address 5032 LINKSMAN PLACE  
City-State-Zip: NORTH PORT FL 34287

*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:** STEPHEN IADEVAIA

**PRESIDENT**

**03/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date