

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033302

**Entity Name:** GP SPE PHASE 1A LLC**Current Principal Place of Business:**220 N. MAIN STREET  
GAINESVILLE, FL 32601**Current Mailing Address:**220 N. MAIN STREET  
GAINESVILLE, FL 32601 US**FEI Number:** 20-2624565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 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	MGMR	Title	AUTHORIZED REPRESENTATIVE
Name	COLLIER, NATHAN S	Name	CLINCE, JENNIFER
Address	220 N. MAIN STREET	Address	220 N. MAIN STREET
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	THARPE, ANGELA	Name	ROSENBLATT, MICHAEL
Address	220 N. MAIN STREET	Address	220 N. MAIN STREET
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601
Title	AUTHORIZED REPRESENTATIVE		
Name	BLAKEMORE, TIM		
Address	220 N. MAIN STREET		
City-State-Zip:	GAINESVILLE FL 32601		

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:** NATHAN S COLLIER**AUTHORIZED REP****04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date