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 SIGNATURE: RADU GHEORGHE PRESIDENT

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000331311

Entity Name: GHEORGHE SERVICES, PROFESSIONAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

397 CITRUS RIDGE DR PONTE VEDRA, FL 32081

Current Mailing Address:

397 CITRUS RIDGE DR PONTE VEDRA, FL 32081 US

FEI Number: 88-3460972

Name and Address of Current Registered Agent:

GHEORGHE, RADU 8825 PERIMETER PARK BLVD., #302 JACKSONVILLE, FL 32216 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: RADU GHEORGHE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR Name GHEORGHE, RADU Address 397 CITRUS RIDGE DR City-State-Zip: PONTE VEDRA FL 32081

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 that my name appears above, or on an attachment with all other like empowered.

Certificate of Status Desired: No

04/30/2025 Date

04/30/2025

FILED Apr 30, 2025 Secretary of State 0849652950CC

Electronic Signature of Signing Authorized Person(s) Detail

Date