

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000513756

**Entity Name:** GB PRO PRIVATE CARES LLC

**Current Principal Place of Business:**

GUETY P. BOWN  
2198 AMESBURY CIRCLE  
WELLINGTON, FL 33411

**Current Mailing Address:**

GUETY P. BOWN  
2198 AMESBURY CIRCLE  
WELLINGTON, FL 33411 UN

**FEI Number:** 33-2332111

**Certificate of Status Desired:** No

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

BOWN, GUETY  
2198 AMESBURY CIRCLE  
WELLINGTFON, FL 33411 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            BOWN, GUETY P  
Address        2198 AMESBURY CIRCLE  
City-State-Zip: WELLINGTON FL 33411

Title            AMBR  
Name            BOWN, ROLPH  
Address        2198 AMESBURY CIRCLE  
City-State-Zip: WELLINGTON FL 33411

*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:** GUETY BOWN

OWN

03/16/2025

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

\_\_\_\_\_  
Date