

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000081536

**Entity Name:** AFAB BUILDERS LLC

**Current Principal Place of Business:**

471 GOODWIN CREEK ROAD  
FREEPORT, FL 32439

**Current Mailing Address:**

PO BOX 247  
FREEPORT, FL 32439 US

**FEI Number:** 47-4104571

**Certificate of Status Desired:** No

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

LAW OFFICES OF JOHN W. ROBERTS, PLLC  
12273 US HWY 98 W  
SUITE 204  
MIRAMAR BEACH, FL 32250 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            MASON, GARY  
Address        471 GOODWIN CREEK ROAD  
City-State-Zip: FREEPORT FL 32439

Title            AUTHORIZED MEMBER  
Name            MASON, JULIE S  
Address        471 GOODWIN CREEK ROAD  
City-State-Zip: FREEPORT FL 32439

*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:** GARY MASON

AMBR

02/05/2025

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

\_\_\_\_\_  
Date