

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193895

**Entity Name:** GAF NC, LLC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD.  
SUITE 50-805  
ORLANDO, FLORIDA 32819

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
SUITE 50-805  
ORLANDO, FLORIDA 32819 UN

**FEI Number:** 81-4249366

**Certificate of Status Desired:** No

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

FARMER, EUGENE D  
8515 SUMMERVILLE PLACE  
ORLANDO, FL 32819 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 FARMER, EUGENE D  
Address 8515 SUMMERVILLE PLACE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name FARMER, AUDREY A  
Address 8515 SUMMERVILLE PLACE  
City-State-Zip: ORLANDO FL 32819

*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:** EUGENE FARMER

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date