

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000064046

**Entity Name:** GOGREEN ROOF RESTORE N FL, LLC

**Current Principal Place of Business:**

19658 N BY NORTHWEST RD  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

19658 N BY NORTHWEST RD  
TALLAHASSEE, FL 32310 US

**FEI Number:** 35-2508887

**Certificate of Status Desired:** Yes

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

FRANTZ, RICHARD  
19658 N BY NORTHWEST RD  
TALLAHASSEE, FL 32310 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 FRANTZ, RICHARD  
Address 19658 N BY NORTHWEST RD  
City-State-Zip: TALLAHASSEE FL 32310

Title AMBR  
Name FRANTZ, SUSAN  
Address 19658 N BY NORTHWEST RD  
City-State-Zip: TALLAHASSEE FL 32310

*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:** RICHARD FRANTZ

**PRESIDENT**

**01/17/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date