

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000035234

**Entity Name:** GAF MIAMI, LLC

**Current Principal Place of Business:**

8515 SUMMERVILLE PLACE  
ORLANDO, FL 32819

**Current Mailing Address:**

8515 SUMMERVILLE PLACE  
ORLANDO, FL 32819 US

**FEI Number:** 81-1508555

**Certificate of Status Desired:** No

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

FARMER, EUGENE D  
12801 SOUTHWEST 74TH COURT  
PINECREST, FL 33156 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	Title	AMBR
Name	FARMER, EUGENE D	Name	FARMER, AUDREY A
Address	12801 SOUTHWEST 74TH COURT	Address	12801 SW 74 COURT
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	MIAMI FL 33156

*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 D. FARMER

AMBR

02/01/2018

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

\_\_\_\_\_ Date