

2019 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	Title	AMBR
Name	FARMER, EUGENE D	Name	FARMER, AUDREY A
Address	8515 SUMMERVILLE PLACE	Address	8515 SUMMERVILLE PLACE
City-State-Zip:	ORLANDO FL 32819	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 D. FARMER

REGISTERED AGENT

01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date