

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193895

**Entity Name:** GAF NC, LLC

**Current Principal Place of Business:**

8515 SUMMERVILLE PLACE  
ORLANDO, FL 32819

**Current Mailing Address:**

8515 SUMMERVILLE PLACE  
ORLANDO, FL 32819 UN

**FEI Number:** 81-4249366

**Certificate of Status Desired:** No

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

FARMER, EUGENE D  
12801 S.W. 74 CT.  
MIAMI, 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 S.W. 74 CT.	Address	12801 S.W. 74 CT.
City-State-Zip:	MIAMI 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