

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 | 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 FARMER

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date