

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000224054

Entity Name: DR GORDON INVESTMENTS LLC**Current Principal Place of Business:**1119 SAND CREEK LOOP
OCOE, FL 34761**Current Mailing Address:**1119 SAND CREEK LOOP
OCOE, FL 34761**FEI Number:** 84-2929374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORDON, ROBERT
1119 SAND CREEK LOOP
OCOE, FL 34761 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	MANAGER
Name	GORDON, ROBERT
Address	1119 SAND CREEK LOOP
City-State-Zip:	OCOE FL 34761

Title	AUTHORIZED MEMBER
Name	ODOM, RALPH
Address	128 WEST BROADWAY SUITE 106
City-State-Zip:	OVIEDO FL 32765

Title	MANAGER
Name	ODEN, ROBERT
Address	128 WEST BROADWAY SUITE 106
City-State-Zip:	OVIEDO FL 32765

Title	AUTHORIZED MEMBER
Name	BROWN, NOVELETTE
Address	1832 APPLEWOOD
City-State-Zip:	ORLANDO FL 32818

Title	AUTHORIZED MEMBER
Name	PITTMAN, RASHAD
Address	3126 BENTONSHIRE PLACE
City-State-Zip:	LONGWOOD FL 32779

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: ROBERT GORDON**CEO****04/12/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date