

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004977

Entity Name: GOLDTOEMORETZ, LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

514 WEST 21ST STREET  
NEWTON, NC 28658

## **New Principal Place of Business:**

514 WEST 21ST STREET  
NEWTON, NC 28658 US

## **Current Mailing Address:**

514 WEST 21ST STREET  
NEWTON, NC 28658

## **New Mailing Address:**

600 BOULEVARD DE MAISONNEUVE WEST  
33RD FLOOR  
MONTREAL, QC H3A 3J2 CA

FEI Number: 13-3550197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## **Name and Address of New Registered Agent:**

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

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LEHMAN, ERIC R  
Address: 1980 CLEMENTS FERRY ROAD  
City-St-Zip: CHARLESTON, SC 29492 US

Title: MGR  
Name: CARROLL, EDWARD H  
Address: 1980 CLEMENTS FERRY ROAD  
City-St-Zip: CHARLESTON, SC 29492 US

Title: MGR  
Name: MORETZ, JOHN M  
Address: 514 WEST 21ST STREET  
City-St-Zip: NEWTON, NC 28658 US

Title: MGR  
Name: LINEBERGER, STEPHEN L  
Address: 514 WEST 21ST STREET  
City-St-Zip: NEWTON, NC 28658 US

Title: MGR  
Name: PACKARD, ROBERT W  
Address: 1980 CLEMENTS FERRY ROAD  
City-St-Zip: CHARLESTON, SC 29492 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: EDWARD H. CARROLL

MGR

04/13/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date