

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003806

**Entity Name:** KINGS WINDGATE ASSOCIATES, L.L.C.

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC5441603182**

**Current Principal Place of Business:**

C/O TRI CITY RENTALS  
255 WASHINGTON AVENUE EXTENSION  
ALBANY, NY 12205

**Current Mailing Address:**

C/O TRI CITY RENTALS  
255 WASHINGTON AVENUE EXTENSION  
ALBANY, NY 12205

**FEI Number: 52-2318570**

**Certificate of Status Desired: No**

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

GOTTLIEBNE, BRUCE MESQ.  
C/O GOTTLIEB AND GOTTLIEB  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021-6601 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 MGR  
Name MASSRY, MORRIS  
Address 255 WASHINGTON AVE EST  
City-State-Zip: ALBANY NY 12205

Title MGR  
Name MASSRY, NORMAN  
Address 255 WASHINGTON AVE EST  
City-State-Zip: ALBANY NY 12205

Title MGR  
Name BOSSERT, MICHAEL  
Address 255 WASHINGTON AVE EST  
City-State-Zip: ALBANY NY 12205

Title MGR  
Name OWENS, TIMOTHY  
Address 255 WASHINGTON AVE EST  
City-State-Zip: ALBANY NY 12205

*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: MORRIS MASSRY**

**MEMBER**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date