

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 048 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000001456

1. Entity Name
TOWER RIDGE ENTERPRISES, L.C.



Principal Place of Business
**15101 QUAILS BLUFF CIRCLE
LAKE WALES, FL 33853**

Mailing Address
**4221 NORTH BUFFALO STREET
ORCHARD PARK, NY 14127**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1570954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GACIOCH, WILLIAM T
15101 QUAILS BLUFF CIRCLE
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GACIOCH, WILLIAM T
4221 N. BUFFALO ST.
ORCHARD PARK, NY 14127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GACIOCH, MICHAEL T
4221 N. BUFFALO ST.
ORCHARD PARK, NY 14127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HANNON, KATHERINE
4221 N. BUFFALO ST.
ORCHARD PARK, NY 14127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GACIOCH, DAVID W
4221 N. BUFFALO ST.
ORCHARD PARK, NY 14127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/12/07 (716) 662-0560