

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001456

FILED
Feb 03, 2010
Secretary of State

Entity Name: TOWER RIDGE ENTERPRISES, L.C.

Current Principal Place of Business:

15101 QUAILS BLUFF CIRCLE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

4221 NORTH BUFFALO STREET
ORCHARD PARK, NY 14127

New Mailing Address:

FEI Number: 06-1570954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GACIOCH, WILLIAM T
15101 QUAILS BLUFF CIRCLE
LAKE WALES, FL 33853 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: MGRM
Name: GACIOCH, WILLIAM T
Address: 4221 N. BUFFALO ST.
City-St-Zip: ORCHARD PARK, NY 14127

Title: MGRM
Name: GACIOCH, MICHAEL T
Address: 4221 N. BUFFALO ST.
City-St-Zip: ORCHARD PARK, NY 14127

Title: MGRM
Name: HANNON, KATHERINE
Address: 4221 N. BUFFALO ST.
City-St-Zip: ORCHARD PARK, NY 14127

Title: MGRM
Name: GACIOCH, DAVID W
Address: 4221 N. BUFFALO ST.
City-St-Zip: ORCHARD PARK, NY 14127

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: MICHAEL T. GACIOCH

MGRM

02/03/2010

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