

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000002398

1. Entity Name
MINK ASSOCIATES I, LLC



Principal Place of Business
**84 SOUTH MAIN STREET
FAIRPORT, NY 14450**

Mailing Address
**84 SOUTH MAIN STREET
FAIRPORT, NY 14450**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1582222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN JAMES DAMONTE, CHARTERED
12110 SEMINOLE BLVD.
LARGO, FL 33778**

**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**

U0000005937873
01/24/07-80053-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSS, GERALD D
STREET ADDRESS	84 SOUTH MAIN STREET
CITY- ST- ZIP	FAIRPORT, NY 14450
TITLE	MGRM
NAME	MINK, ARLENE
STREET ADDRESS	8875 COSTA VERDE BLVD #801
CITY- ST- ZIP	SAN DIEGO, CA 92122
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 #

Gerald Ross **Gerald Ross** 1/17/07