

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000002399**

1. Entity Name  
**MINK ASSOCIATES II, 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**



02262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

**16-1582223**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000845249  
03/13/08-80031-014 138.75

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 H
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 #