

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 015 ****50.00

DOCUMENT # L00000005839

1. Entity Name
EMERALD POINT ENTERPRISES, L.L.C.



Principal Place of Business
200 EMERALD AVE
LAKE WALES, FL 33853

Mailing Address
4221 N BUFFALO ST
ORCHARD PARK, NY 14127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
58-2546866

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GACIOCH, WILLIAM T
950 MONTGOMERY RD.
ALTAMONTE SPRINGS, FL 32714

Name
GACIOCH, WILLIAM T
Street Address (P.O. Box Number is Not Acceptable)
15101 QUAILS BLUFF CIRCLE
City LAKE WALES FL Zip Code 33853

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael T. Gacoch

4/25/06 (716) 662-0860