

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90035 029 ****50.00

DOCUMENT # L02000030124

1. Entity Name
NGG POINT, L.L.C.



Principal Place of Business
4863 SW 147 PL
MIAMI, FL 33185

Mailing Address
4863 SW 147 PL
MIAMI, FL 33185



04212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0551656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GYORY, JANOS
4863 S.W. 147TH PLACE
MIAMI, FL 33185

**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 reappointing)

DATE

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

05/09/07-2002-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GYORY, JANOS
4863 S.W. 147 PLACE
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GYORY, ISTVAN
4863 S.W. 147 PLACE
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NASSIF, MOUNIR
4863 S.W. 147 PLACE
MIAMI, FL 33185

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: *Janos Gyory* **JANOS GYORY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07 **4/23/07 (305)297-9771**
Date Daytime Phone #