

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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



04242008 No Chg-LLC

CR2E083 (12/07)

**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 reinstating)

DATE \_\_\_\_\_

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

000000930648  
05/21/08-80116-025 138.75

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*

4/24/08

(305)297-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #