

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000087759

1. Entity Name
CASTLES OF NEW YORK, LLC



Principal Place of Business
**219 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460**

Mailing Address
**219 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460**



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3419036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JAMES F
219 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460**

**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**

U00000757553
05/23/07-80075-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILLER, JAMES F
219 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREENE, MIKE
1844 NORTH 10015 HILL RD # 445
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VENDITTO, DAN
92 3RD ST
GARDEN CITY, NY 11530**

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 #

4/30/07

561
547-1932