

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112825

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** 320 NORWOOD TERRACE LLC

**Current Principal Place of Business:**

140 E. MERRICK ROAD  
FREEPORT, NY 115204218

**New Principal Place of Business:**

**Current Mailing Address:**

140 E. MERRICK ROAD  
FREEPORT, NY 115204218

**New Mailing Address:**

**FEI Number:** 27-1385645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

7912 SANOMA 204 LLC  
7912 SONOMA SPRING CIRCLE SUITE 204  
BOYNTON BEACH, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FAIELLA, LOUIS III  
Address: 296 BAYVIEW AVENUE  
City-St-Zip: MASSAPEQUA, NY 11758

Title: MGR  
Name: FAIELLA, LOUIS  
Address: 3086 SUSAN ROAD  
City-St-Zip: BELLMORE, NY 11710

Title: MGR  
Name: KAPLAN, MARC  
Address: 2956 WILSON AVENUE  
City-St-Zip: WANTAGH, NY 11793

Title: MGR  
Name: KAPLAN, RUSSELL  
Address: 3136 LYDIA LANE  
City-St-Zip: BELLMORE, NY 11710

Title: MGR  
Name: SAMPINO, ANTHONY  
Address: 55 WEST LANE  
City-St-Zip: BAY SHORE, NY 11706

Title: MGR  
Name: CALIFANO, BRIAN  
Address: 2647 FRANCES STREET  
City-St-Zip: BELLMORE, NY 11710

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN F. CALIFANO

PTR

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date