

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 018 ****50.00

DOCUMENT # M02000000549

1. Entity Name
GDC HOLDINGS, LLC



Principal Place of Business
**245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532**

Mailing Address
**245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532**

20015183



2. Principal Place of Business

100 Summit Lake Drive
Suite, Apt. #, etc.

3. Mailing Address

100 Summit Lake Drive
Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State
Valhalla, New York

Zip
10595

Country

United States

City & State
Valhalla, New York

Zip
10595

Country

United States

4. FEI Number
13-4104016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GINSBURG, MARTIN
245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GINSBURG, SAMUEL
245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**manager
martin Ginsburg
100 Summit Lake Drive
Valhalla, New York 10595** ☒ Change ☐ Addition

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

TITLE
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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 606, Florida Statutes.

SIGNATURE: **Christine Walters CFO** **Christine Walters** 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #