

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90032 019 ****50.00

DOCUMENT # M02000000549

1. Entity Name
GDC HOLDINGS, LLC



Principal Place of Business
100 SUMMIT LAKE DR
VALHALLA, NY 10595

Mailing Address
100 SUMMIT LAKE DR
VALHALLA, NY 10595

- 60040032



2. Principal Place of Business - No P.O. Box #
245 Saw Mill Road
2nd Floor
City & State
Hawthorne, New York
Zip
10532
Country
USA

3. Mailing Address
245 Saw Mill River Rd.
2nd Floor
City & State
Hawthorne, New York
Zip
10532
Country
USA

03202007 Chg-LLC CR2E083 (12/06)

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 acceptable if applicable

NOTE: Registered Agent signature required when changing.

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GINSBURG, MARTIN 100 SUMMIT LAKE DR VALHALLA, NY 10595	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GINSBURG, SAMUEL 245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add

11. I hereby certify that the information submitted 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. 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:

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

Date

Daytime Phone #

(GREGG SHAPIRO) CFO

4/24/07

(914) 742-4405