

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90140 029 ***138.75

DOCUMENT # M02000000549

1. Entity Name
GDC HOLDINGS, LLC



Principal Place of Business **RIVER**
245 SAW MILL RD
2ND FLOOR
HAWTHORNE, NY 10532

Mailing Address **RIVER**
245 SAW MILL RD
2ND FLOOR
HAWTHORNE, NY 10532

50006101



04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GINSBURG, MARTIN
100 SUMMIT LAKE DR
VALHALLA, NY 10595

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

GREGG SHAPIRO CEO

4/21/08

(914) 747-4000