

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M06000001199**

1. Entity Name

200 VIA LINDA ASSOCIATES, LLC



Principal Place of Business

49 ROUTE 202  
FAR HILLS, NJ 07931

Mailing Address

PO BOX 808  
FAR HILLS, NJ 07931



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3910553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DEL DEO, RALPH N  
265 FAIRVIEW ROAD  
PALM BEACH, FL 33480

**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**

U00000860475  
04/02/08-80064-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DEL DEO, RALPH N
STREET ADDRESS	49 ROUTE 202
CITY-ST-ZIP	FAR HILLS, NJ 07931
TITLE	MGRM
NAME	SCIARETTA, STEPHEN R
STREET ADDRESS	49 ROUTE 202
CITY-ST-ZIP	FAR HILLS, NJ 07931
TITLE	MGRM
NAME	SCIARETTA, DONALD J
STREET ADDRESS	49 ROUTE 202
CITY-ST-ZIP	FAR HILLS, NJ 07931
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

Stephen Sciaretta, Member 03/11/08 (908)658-3900

Date

Daytime Phone #