

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M07000003775

1. Entity Name
SUMMIT SECURITIES GROUP LLC



Principal Place of Business
**150 EAST 52ND STREET, SUITE 23001
NEW YORK, NY 10022**

Mailing Address
**150 EAST 52ND STREET, SUITE 23001
NEW YORK, NY 10022**



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8338649

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
03/13/08-90036-023 138.75

**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
**MGRM
SUMMIT RESEARCH HOLDINGS INC.
55 RAILROAD AVENUE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEFCO LLC
17 PLEASANT RIDGE ROAD
HARRISON, NY 10528**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JPA INVESTMENTS
24-A LONG HILL LANE
CHATHAN, NJ 07928**

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

MARK E. FIELD

Date

2/29/08 228975401

Daytime Phone #