

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000000742

1. Entity Name
GREYHAWK NORTH AMERICA, L.L.C.



Principal Place of Business
**260 CROSSWAYS PARK DR
WOODBURY, NY 11797**

Mailing Address
**260 CROSSWAYS PARK DR
WOODBURY, NY 11797**

FILED
Aug 08, 2005 08:00 AM
Secretary of State



08022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3337521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**Filing Fee is \$50.00
Due by September 7, 2005**

000000375803
08/08/05-80003-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BERMAN, GARY
260 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FENNEMA, RICHARD
260 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TELL, STEVEN
260 CROSSWAYS PARK DR
WOODBURY, NY 11797**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

STEVEN TELL

8/3/05 (516) 802-5703

Date

Daytime Phone #