

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027546

**Entity Name:** GATES OF PARK AVENUE, LLC

**Current Principal Place of Business:**

C/O HAKIMIAN HOLDINGS, INC.  
7077 BONNEVAL ROAD SUITE 400  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

C/O HAKIMIAN HOLDINGS, INC.  
P.O. BOX 56678  
JACKSONVILLE, FL 32241 US

**FEI Number:** 06-1708172

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAKIMIAN, BENJAMIN S  
C/O HAKIMIAN HOLDINGS, INC.  
7077 BONNEVAL ROAD SUITE 400  
JACKSONVILLE, FL 32216 US

*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.*

**SIGNATURE:** BENJAMIN S. HAKIMIAN

05/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	CONTROLLER
Name	HAKIMIAN, BENJAMIN S	Name	AUFIERO-TODD, ZENA R
Address	C/O HAKIMIAN HOLDINGS, INC. 7077 BONNEVAL ROAD SUITE 400	Address	C/O HAKIMIAN HOLDINGS, INC. 7077 BONNEVAL ROAD SUITE 400
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZENA R AUFIERO-TODD

CONTROLLER

05/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date