

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094260

**Entity Name:** 417 PARK AVENUE, LLC

**Current Principal Place of Business:**

413 EAST PARK AVENUE  
TALLHASSEE, FL 32301

**Current Mailing Address:**

413 EAST PARK AVENUE  
TALLHASSEE, FL 32301

**FEI Number:** 20-5620976

**Certificate of Status Desired:** No

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

VEZINA III, W ROBERT  
413 EAST PARK AVE  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	VEZINA III, W ROBERT	Name	MAYFIELD SR, EMORY
Address	413 E PARK AVENUE	Address	4223 CAPITAL CIRCLE, N.W.
City-State-Zip:	TALLAHASSEE FL 33326	City-State-Zip:	TALLAHASSEE FL 32303

*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:** MAYFIELD SR , EMORY

VP

03/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date