I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am a managing member or manager of the limited liability company or the receiver or truster		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> NATALIA SHAW	MANAGER	01/17/2020

SIGNATURE: NATALIA SHAW

I

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

### Authorized Perso

SIGNATURE: RONALD SHAW

Authorized I	Person(s) Detail :		
Title	MGR	Title	MGR
Name	SHAW, RONALD	Name	SHAW, NATALIA
Address	3067 CECELIA DR	Address	3067 CECELIA DR
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

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.

## Name and Address of Current Registered Agent:

RONALD , SHAW A 3067 CECELIA DR

APOPKA, FL 32703 US

# 3067 CECELIA DR

### FEI Number: 27-0774457

# DOCUMENT# L09000079929

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PARK AVENUE TRANSPORTATION, LLC

### **Current Principal Place of Business:**

202 NORTH PARK AVENUE APOPKA, FL 32703

### **Current Mailing Address:**

APOPKA, FL 32703 US

Electronic Signature of Registered Agent			Date
erson(s) Detail :			
MGR	Title	MGR	
SHAW, RONALD	Name	SHAW, NATALIA	
3067 CECELIA DR	Address	3067 CECELIA DR	
APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703	

# Certificate of Status Desired: No

FILED Jan 17, 2020 Secretary of State 8085239998CC

01/17/2020

Date