# SIGNATURE: AUGUST CAVALIERE

that my name appears above, or on an attachment with all other like empowered.

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

NEW SMYRNA BEACH, FL 32168 US
The above named entity submits this statement for the purpose of changing its registered office or regis
SIGNATURE:

The abo istered agent, or both, in the State of Florida.

SIGNATURE:

PRESTON, WILLIAM T 143 CANAL STREET

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

### Authorized Person(s) Detail :

MMGR	Title	MMGR
CAVALIERE, AUGUST B	Name	MCMAHON, DEIRDRE A
4 OAKLAWN AVENUE	Address	4 OAKLAWN AVENUE
GLEN HEAD NY 11545	City-State-Zip:	GLEN HEAD NY 11545
	CAVALIERE, AUGUST B	CAVALIERE, AUGUST B Name 4 OAKLAWN AVENUE Address

Electronic Signature of Signing Authorized Person(s) Detail

### Secretary of State CC3844452419

FILED

Certificate of Status Desired: No

Date

03/11/2015

Date

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000158025

Entity Name: 316 LINCOLN AVENUE, LLC

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

**4 OAKLAWN AVENUE** GLEN HEAD, NY 11545

### **Current Mailing Address:**

**4 OAKLAWN AVENUE** GLEN HEAD. NY 11545

### FEI Number: 47-2451846