

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109734

**Entity Name:** ASTORIA REALTY DEVELOPMENT LLC

**Current Principal Place of Business:**

393 OLD COUNTRY RD  
SUITE 300  
CARLE PLACE, NY 11514

**Current Mailing Address:**

393 OLD COUNTRY RD  
SUITE 300  
CARLE PLACE, NY 11514 US

**FEI Number:** 47-4474692

**Certificate of Status Desired:** No

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

DERRY, ROBERT  
243 SOUTH WASHINGTON BLVD  
SUITE 231  
SARASOTA, FL 34236 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 AP  
Name ROSEN, ALAN  
Address 393 OLD COUNTRY RD SUITE 300  
City-State-Zip: CARLE PLACE NY 11514

Title AP  
Name BLOK, ALAN  
Address 393 OLD COUNTRY RD SUITE 300  
City-State-Zip: CARLE PLACE NY 11514

Title AP  
Name BOIK, ALAN  
Address 393 OLD COUNTRY RD SUITE 300  
City-State-Zip: CARLE PLACE SUITE 300 NY 11514

Title MGR  
Name PLUNKETT, MICHAEL  
Address 393 OLD COUNTRY RD SUTE 300  
City-State-Zip: CARLE PLACE NY 11514

Title MBR  
Name MATTERA, BARBARA  
Address 393 OLD COUNTRY RD  
SUITE 300  
City-State-Zip: CARLE PLACE NY 11514

*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:** MATTERA , BARBARA

MBR

04/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date