

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000168801

Entity Name: VICTORIA PARK 904 LLC

Current Principal Place of Business:

19495 BISCAYNE BLVD
STE 401
AVENTURA, FL 33180

Current Mailing Address:

19495 BISCAYNE BLVD
STE 401
AVENTURA, FL 33180

FEI Number: 81-0993655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL TITLE AND CLOSING SERVICES,
2490 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33180 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 AUTHORIZED MEMBER
Name DARWICHE MATTOUT, ALBERT
Address 19495 BISCAYNE BLVD, STE 401
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name GABAY, DAVID
Address 19495 BISCAYNE BLVD
STE 401
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name ARKAD HOLDINGS ,LLC
Address 20900 NE 30 TH AVE
SUITE 200
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name JOEL COHEN REVOCABLE TRUST
Address 20900 NE 30 TH AVE
SUITE 200
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name FREDDY GOLDSZMIDT REVOCABLE TRUST
Address 20900 NE 30 TH AVE
SUITE 200
City-State-Zip: AVENTURA FL 33180

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: JOEL COHEN

AMBR

01/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date