

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000168801

**Entity Name:** VICTORIA PARK 904 LLC

**Current Principal Place of Business:**

20900 NE 30 TH AVE  
SUITE 200  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30 TH AVE  
SUITE 200  
AVENTURA, FL 33180 US

**FEI Number:** 81-0993655

**Certificate of Status Desired:** No

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

SALVER & COOK, LLP  
2721 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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:** SALVER & COOK

03/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name DARWICHE MATTOU, 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 COHEN, JOEL  
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

MEMBER

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date