

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000167027

**Entity Name:** 105 OAK AVENUE, LLC

**Current Principal Place of Business:**

601 BAYSHORE BOULEVARD  
SUITE 720  
TAMPA, FL 33606

**Current Mailing Address:**

121 E. 91ST STREET  
NEW YORK, NY 10128

**FEI Number:** 82-2455565

**Certificate of Status Desired:** Yes

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

GONZALEZ, ALAN F  
601 BAYSHORE BOULEVARD  
SUITE 720  
TAMPA, FL 33606 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            AMBR  
Name            LEIWEKE, WILLIAM T  
Address        121 E. 91ST STREET  
City-State-Zip: NEW YORK NY 10128

Title            MGR  
Name            LEIWEKE, WILLIAM T  
Address        121 E. 91ST STREET  
City-State-Zip: NEW YORK NY 10128

Title            AMBR  
Name            LEIWEKE, TARA O  
Address        121 E. 91ST STREET  
City-State-Zip: NEW YORK NY 10128

Title            MGR  
Name            LEIWEKE, TARA O  
Address        121 E. 91ST STREET  
City-State-Zip: NEW YORK NY 10128

*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:** TARA LEIWEKE

**MANAGER**

**06/01/2018**

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

\_\_\_\_\_  
Date