

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000015100

1. Entity Name  
PARK AVENUE LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:35

Principal Place of Business  
339 SOUTH LAKE DR., #3B  
PALM BEACH, FL 33480

Mailing Address  
389 SOUTH LAKE DR., #3B  
PALM BEACH, FL 33480

2. Principal Place of Business

232 Everglade Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3164

Suite, Apt. #, etc.

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number

35-2179109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

City & State

Palm Beach FL

City & State

Palm Beach FL

Zip

33480

Country

USA

Zip

33480

Country

USA

6. Name and Address of Current Registered Agent

HASSETT, WILLIAM R  
748 NE 76TH STREET  
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Hassett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Will Hassett

10/10/06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HASSETT, WILLIAM ☐ Delete  
STREET ADDRESS 748 NE 76TH ST.  
CITY-ST-ZIP BOCA RATON, FL 33487

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800080824088  
CITY-ST-ZIP 10/13/05--01033--019 \*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/10/06 561 999 1570

REINSTATEMENT 2006