

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032245

1. Entity Name
PARK AVENUE, L.L.C.



Principal Place of Business
1461 KINETIC ROAD
LAKE PARK, FL 33403

Mailing Address
1461 KINETIC ROAD
LAKE PARK, FL 33403



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0570898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHRENS, RICHARD
1461 KINETIC ROAD
LAKE PARK, FL 33403

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AHRENS, RICHARD
1461 KINETIC ROAD
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ESTES, TOI
1461 KINETIC ROAD
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANDEVCO, LLC
1461 KINETIC ROAD
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AHRENS, BARBARA
1461 KINETIC ROAD
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 *Barbara Ahrens* **BARBARA AHRENS**

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

Date

Daytime Phone #