


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 034 ***138.75

DOCUMENT # L05000068309	
1. Entity Name PARKVIEW PLACE LLC	

Principal Place of Business 2330 NE 36TH STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 5400 NE 15TH AVE FORT LAUDERDALE, FL 33334
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60016267



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1728726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATZ, ALLEN H
2800 EAST COMMERCIAL BLVD
STE 208
FT. LAUDERDALE, FL 33308**

New Address

7. Name and Address of New Registered Agent

Name **Allen H KATZ, PA**
Str **13900 S. JOG ROAD** (able)
203-276
City **DELRAY BEACH, FL**
33446 **USA** **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUELL, RICHARD W	
STREET ADDRESS	2330 NE 36TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUELL, CYNTHIA A	
STREET ADDRESS	2330 NE 36TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUELL, RICHARD W II	
STREET ADDRESS	5400 NE 15TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUELL, NANETTE	
STREET ADDRESS	5400 NE 15TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Nanette Buell* *Richard Buell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-18-08 *954-493-8030*
Date Daytime Phone #