

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90160 015 \*\*\*138.75

**DOCUMENT # L06000062857**

1. Entity Name  
**PARK AVENUE BUILDING SERVICES, LLC**



Principal Place of Business  
**6017 PINE RIDGE ROAD #383  
NAPLES, FL 34119**

Mailing Address  
**6017 PINE RIDGE ROAD #383  
NAPLES, FL 34119**

**00000706**



**DO NOT WRITE IN THIS SPACE**

04202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHULTZ, ROBERT W  
5934 ALMADEN DRIVE  
NAPLES, FL 34119**

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SCHULTZ, ROBERT W
STREET ADDRESS	5934 ALMADEN DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PRASBK JASICH MGRM
NAME	T934 ALMADEN DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #