

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008296

1. Entity Name
PARK AVENUE LLC

Principal Place of Business
2105 PARK AVE., NORTH
WINTER PARK FL 32789

Mailing Address
2105 PARK AVE., NORTH
WINTER PARK FL 32789

2. Principal Place of Business
257 Indigo Drive
Suite, Apt. #, etc.

3. Mailing Address
257 Indigo Drive
Suite, Apt. #, etc.

City & State
Daytona Beach, Florida

City & State
Daytona Beach, Florida

Zip Country
32114 USA

Zip Country
32114 USA

4. FEI Number 59-3611344

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRASBERG, LESLIE S
2105 N. PARK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Griffith, Steven
Street Address (P.O. Box Number is Not Acceptable)
257 Indigo Drive
City
Daytona Beach FL Zip Code
32114

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.

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

(NOT: Registered Agent signature required when reinstating)

DATE

4/25/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☒ Delete
NAME STRASBERG, LESLIE S
STREET ADDRESS 2105 PARK AVENUE NORTH
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Griffith, Steven
STREET ADDRESS 257 Indigo Drive
CITY-ST-ZIP Daytona Beach, FL 32114

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

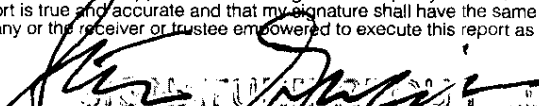
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 exemption stated in Section 119.07(3)(i), 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 #

4/25/01 629-7371

FILED
01 MAY -1 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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