

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M99000000557

1. Entity Name
PARK AVENUE SECURITIES LLC



Principal Place of Business
**7 HANOVER SQUARE
NEW YORK, NY 10004 US**

Mailing Address
**7 HANOVER SQ
H4D
NEW YORK, NY 10004 US**



04142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4023176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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**

U000000907945
05/05/08-80009-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROATCH, ROBERT E
7 HANOVER SQUARE
NEW YORK, NY 10004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARUSO, JOSEPH A
7 HANOVER SQUARE
NEW YORK, NY 10004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEPALO, ARMAND M
7 HANOVER SQUARE
NEW YORK, NY 10004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LONG, BRUCE C
7 HANOVER SQUARE
NEW YORK, NY 10004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LENDERINK, GARY B
7 HANOVER SQUARE
NEW YORK, NY 10004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MANNING, DENNIS J
7 HANOVER SQUARE
NEW YORK, NY 10004**

**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

4/16/08

Date

Daytime Phone #