

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067995

**Entity Name:** ASTORIA OAKS, LLC

**Current Principal Place of Business:**

4708 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4708 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**FEI Number:** 20-3336008

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMPSON, SUSAN  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GHAZVINI, HOSSEIN  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name GHAZVINI, MEHRAN  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name GHAZVINI, BEHZAD  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title P  
Name GHAZVINI, BEHZAD  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name ASBURY, THOMAS  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOSSEIN GHAZVINI

MRGM

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date