

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024023

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC9574912511**

**Entity Name:** CENTRAL PARKWAY DEVELOPMENT LLC

**Current Principal Place of Business:**

11801 CENTRAL PARKWAY  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

P.O. BOX 1911  
JACKSONVILLE, FL 32224

**FEI Number: 30-0423843**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SHAOUL, PHILIP  
Address P.O. BOX 234409  
City-State-Zip: GREAT NECK NY 11023

Title MGRM  
Name ELNAGHAVE, EHSAN  
Address 48 WARWICK ROAD  
City-State-Zip: GREAT NECK NY 11023

Title MGRM  
Name ELNEKAVEH, FREYDOUN  
Address 394 EAST SHORE ROAD  
City-State-Zip: KINGS POINT NY 11024

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PHILIP SHAOUL**

**MANAGER**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date