

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108030

**Entity Name:** GATOR PALM RIDGE, LLC

**Current Principal Place of Business:**

7850 NW 146TH STREET, 4TH FLOOR  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7850 NW 146TH STREET, 4TH FLOOR  
MIAMI LAKES, FL 33016 US

**FEI Number:** 27-2695171

**Certificate of Status Desired:** No

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

GOLDSMITH, JAMES A  
7850 NW 146TH STREET, 4TH FLOOR  
MIAMI LAKES, FL 33016 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 MGR  
Name GOLDSMITH, JAMES A  
Address 7850 NW 146TH STREET, 4TH FLOOR  
City-State-Zip: MIAMI LAKES FL 33016

Title PS  
Name GOLDSMITH, JAMES A  
Address 7850 NW 146TH STREET, 4TH FLOOR  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name MISKA, DOUGLAS S  
Address 7850 NW 146TH STREET, 4TH FLOOR  
City-State-Zip: MIAMI LAKES FL 33016

*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:** JAMES GOLDSMITH

**PRESIDENT**

**03/09/2023**

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

\_\_\_\_\_  
Date