

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045284

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC1735945673**

**Entity Name:** NORTHBROOKE PROFESSIONAL VILLAGE, LLC

**Current Principal Place of Business:**

2639 PROFESSIONAL CIRCLE, SUITE 101  
NAPLES, FL 34119

**Current Mailing Address:**

2639 PROFESSIONAL CIRCLE, SUITE 101  
NAPLES, FL 34119 US

**FEI Number:** 20-0438246

**Certificate of Status Desired:** No

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

KOCSES, CHAD  
2639 PROFESSIONAL CIRCLE, SUITE 101  
NAPLES, FL 34119 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	Title	VP
Name	STOCK, BRIAN K	Name	KOCSES, CHAD
Address	2639 PROFESSIONAL CIRCLE, SUITE 101	Address	2639 PROFESSIONAL CIRCLE, SUITE 101
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

*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:** BRIAN K STOCK

**MGR**

**04/28/2016**

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

\_\_\_\_\_  
Date