

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000104287

**Entity Name:** 12-PLEX, LLC

**Current Principal Place of Business:**

450 ALTON RD  
APT 1502  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

450 ALTON RD  
APT 1502  
MIAMI BEACH, FL 33139 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ADELSON, CHARLES  
450 ALTON RD  
APT 1502  
MIAMI BEACH, FL 33139 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            OWNER, MANAGER  
Name            ADELSON, CHARLES JAY DR.  
Address        450 ALTON RD  
                  APT 1502  
City-State-Zip: TAMARAC FL 33139

Title            MGRM  
Name            ADELSON, HARVEY JEROME  
Address        450 ALTON RD  
                  APT 1502  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CHARLES ADELSON

**OWNER**

**01/17/2020**

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

\_\_\_\_\_  
Date