

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124921

**Entity Name:** 16-PLEX 731, LLC

**Current Principal Place of Business:**

7737 NORTH UNIVERSITY DR.  
207  
TAMARACK, FL 33321

**Current Mailing Address:**

7737 NORTH UNIVERSITY DR.  
207  
TAMARAC, FL 33321

**FEI Number:** 47-1622987

**Certificate of Status Desired:** No

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

ADELSON, CHARLES  
7737 NORTH UNIVERSITY DR.  
207  
TAMARAC, FL 33321 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 AMBR  
Name ADELSON, CHARLES  
Address 7737 NORTH UNIVERSITY DR.207  
City-State-Zip: TAMARAC FL 33321

Title AMGR  
Name ADELSON, HARVEY  
Address 7737 NORTH UNIVERSITY DR.207  
City-State-Zip: TAMARAC FL 33321

*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

AMGR

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date