

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124921

**Entity Name:** 16-PLEX 731, 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:** 47-1622987

**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:** CHARLES ADELSON

02/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ADELSON, CHARLES  
Address 450 ALTON  
APT 1502  
City-State-Zip: MIAMI BEACH FL 33139

Title AMGR  
Name ADELSON, HARVEY  
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:** HARVEY ADELSON

MGR

02/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date