

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005646

Entity Name: SOUTH 16165, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16165 SOUTH TAMIAMI TRAIL  
C/O P.C.C.  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

16165 SOUTH TAMIAMI TRAIL  
C/O P.C.C.  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 20-5745879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLOCER, HELENE TRUSTEE  
1927 S.E. 37TH TERRACE  
CAPE CORAL, FL 33904 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GLOCER, HELENE TRUSTEE  
Address: 1927 S.E. 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM  
Name: GLOCER, JORGE TRUSTEE  
Address: 1927 SE 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HELENE M. GLOCER

MGRM

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date