Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUS	INESS REPU		<u> </u>	7	AND FILED			
DOCU	MENT # L980 (00003039	•	.•			<u>, </u>		
 Entity Nam VEST 16 	CONDOMINIUM, L.L.C.				00	MAY -2 PMI	2: 35		
					SFI	CRETARY OF S LAHASSEE, F	STATE		
Principal Plac	e of Business	Mailing Address			TĂŪ	LAHASSEE, F	LORIDA 		
C/O FRANK J. SEGREDO, ESQ. C/O FRANK J. S						•			
901 PONCE DI CORAL GABLE	E LEON BLVD., SUITE 601	901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134-3073							
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2. Principal P	lace of Business	3. Mailing Address			- -		DIGI UUTII UEIIF UU 		11118 (81) 1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	DO NOT WR	 TE IN THIS SI	PACE	
City & State	ρ .	City & State			4. FEI Num	DO NOT WRITE IN THIS SPACE Number 65-0997315 Applied For Not Applicable Williams of Status Desired \$5.00 Additional			
Ony a olan		,			4. 12.110.1	XXPPL MEDICA		No	ot Applicable
Zip	Country	Zip	Country		5. Certifica	ite of Status Desired		5.00 Addee Require	
<u></u>	6. Name and Address of Curren	t Registered Agent	1	M :	7. Name a	nd Address of New	Registered A	gent	
SEGREDO	, FRANK J ESQ.	and the second of the second o		Name					
	CE DE LEON BLVD., SUITE 601			Street Address	(P.O. Box Num	ber is Not Acceptabl	(e)		
CORAL GA	ABLES FL 33134								
	named entity submits this statement	for the purpose of changing its		City office or registe	red agent, or t	poth, in the State of Fi	FL orida.	Zip Cod	e
SIGNATLIBE	named entity submits this statement Signature, typed or printed name of registered ager	ot and title if applicable. (NO)	s registered	office or registe	d when reinstating)	ooth, in the State of Fi		Zip Cod	e
SIGNATURE .	Signature, typed or printed name of registered ager	FILE N	RE: Registered Aç OW!!! FE ayable to I	office or registe	d when reinstating)		orida.	Zip Cod	e
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SIGNATURE .	Signature, typed or printed name of registered ager	FILE N	OW!!! FE ayable to I	office or registe gent signature require E IS \$50.00 Department of	d when reinstating) . of State	ADDITIONS 70003 -05/19	DATE DATE DATE DATE DATE DATE DATE DATE DATE	☐ Changs	
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER