FEI Number:	27-1480595	Certificate of Status Desired: No				
Name and Address of Current Registered Agent:						
TALLAHASEE, FL	HOUN STREET, SUITE 4	stered office or reg	istered agent, or both, in the State of Flo	rida.		
SIGNATURE:	TONY MACKAY			04/30/2020		
	Electronic Signature of Registered Agent			Date		
Authorized Pe	erson(s) Detail :					
Title	MANAGER	Title	MANAGER			

	ANNUAL REPORT

DOCUMENT# L09000118781

Entity Name: 16 DELWOOD LANE, LLC

Current Principal Place of Business:

303 WEST MADISON STREET SUITE 1000 CHICAGO, IL 60606

Current Mailing Address:

303 WEST MADISON STREET SUITE 1000 CHICAGO, IL 60606 US

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Authorized Person(s) Detail :						
Title	MANAGER	Title	MANAGER			
Name	CARDELLO, THOMAS R.	Name	KUROWSKI-CARDELLO, RENATE			
Address	P.O. BOX 155	Address	P.O. BOX 155			
City-State-Zip:	COS COB CT 06807	City-State-Zip:	COX COB CT 06807			

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: THOMAS R. CARDELLO

MANAGER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2020 **Secretary of State** 1005483651CC