

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000042909

**Entity Name:** 16505 BLDG, LLC

**Current Principal Place of Business:**

%WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
MIAMI, FL 33169-5719

**Current Mailing Address:**

%WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
MIAMI, FL 33169-5719 US

**FEI Number:** 45-4909237

**Certificate of Status Desired:** No

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

WASHBURN, THOMAS  
%WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
MIAMI, FL 33169-5719 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 MGR  
Name WASHBURN, THOMAS  
Address %WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
City-State-Zip: MIAMI FL 33169-5719

Title VP  
Name CARFORA, VINCENT SO  
Address %WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
City-State-Zip: MIAMI FL 33169-5719

Title TREASURER  
Name CARFORA WASHBURN, SARAH J  
Address %WILSON, WASHBURN, FORSTER INC.  
16505 N.W 13TH AVENUE  
City-State-Zip: MIAMI FL 33169-5719

*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:** CARFORA WASHBURN, SARAH J.

**TREASURER**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date