

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000056860

**Entity Name:** 187 WPH 12 LLC

**Current Principal Place of Business:**

16699 COLLINS AVE  
1105  
MIAMI, FL 33160

**Current Mailing Address:**

16699 COLLINS AVE  
1105  
MIAMI, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KLIGER, MICHAEL  
16699 COLLINS AVE  
1105  
MIAMI, FL 33160 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 KLIGER, MICHAEL  
Address 16699 COLLINS AVE SUITE 1105  
City-State-Zip: MIAMI FL 33160

Title AUTHORIZED MEMBER  
Name KLIGER, ALEXANDER M  
Address 16699 COLLINS AVE  
1105  
City-State-Zip: MIAMI FL 33160

*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:** KLIGER MICHAEL

MGR

04/06/2023

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

\_\_\_\_\_  
Date