

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000092657

**Entity Name:** ARCADIAN HOLDINGS 167, LLC

**Current Principal Place of Business:**

7900 GLADES ROAD  
SUITE 600  
BOCA RATON, FL 33434

**Current Mailing Address:**

7900 GLADES ROAD  
SUITE 600  
BOCA RATON, FL 33434 US

**FEI Number:** 38-4112956

**Certificate of Status Desired:** No

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

WEINER, IAN  
7900 GLADES ROAD SUITE 600  
BOCA RATON, FL 33434 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 AP  
Name WEINER, IAN  
Address 7900 GLADES ROAD SUITE 600  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name PEBB ARCADIAN, LLC  
Address 7900 GLADES ROAD SUITE 600  
City-State-Zip: BOCA RATON FL 33434

Title AMBR, MGR  
Name CENTERCORP FLORIDA, LLC  
Address 215 SE 8TH AVE. #2760  
City-State-Zip: FT. LAUDERDALE FL 33301

Title AP  
Name ROSEN, AUSTIN  
Address 215 SE 8TH AVE. #2760  
City-State-Zip: FT. LAUDERDALE FL 33301

Title AP  
Name TULEPAN, RANDY  
Address 215 SE 8TH AVE. #2760  
City-State-Zip: FT. LAUDERDALE FL 33301

*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:** IAN WEINER

**AUTHORIZED  
REPRESENTATIVE**

**06/22/2020**

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

\_\_\_\_\_  
Date