

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000106639

**Entity Name:** 508 16TH AVE S LLC

**Current Principal Place of Business:**

565 16TH AVE S  
NAPLES, FL 34102

**Current Mailing Address:**

565 16TH AVE S  
NAPLES, FL 34102

**FEI Number:** 86-2636927

**Certificate of Status Desired:** No

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

CUBIC R LLC  
565 16TH AVE S  
NAPLES, FL 34102 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 AMGR  
Name REESE, RHYS  
Address 565 16TH AVE S  
City-State-Zip: NAPLES FL 34102

Title AMGR  
Name REESE, YUHONG  
Address 565 16TH AVE S  
City-State-Zip: NAPLES FL 34102

Title AMGR  
Name HARTEM, KEN  
Address 1070 6TH AVE N  
City-State-Zip: NAPLES FL 34102

*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:** RHYS R REESE

**MANAGER**

**01/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date