

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000087479

**Entity Name:** LABELLE RIVERSIDE, INC.

**Current Principal Place of Business:**

1100 FIFTH AVENUE SOUTH  
201  
NAPLES, FL 34102

**Current Mailing Address:**

1100 FIFTH AVENUE SOUTH  
201  
NAPLES, FL 34102

**FEI Number:** 75-3082405

**Certificate of Status Desired:** No

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

CHERYL R. KRAUS, PA  
1072 GOODLETTE RD N  
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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WANKLYN, JOHN A  
Address        1100 FIFTH AVE., SOUTH #201  
City-State-Zip: NAPLES FL 34102

Title            VP, DIRECTOR  
Name            TOM, FLOOD  
Address        1100 FIFTH AVENUE SOUTH #201  
City-State-Zip: NAPLES FL 34102

Title            SECRETARY, DIRECTOR  
Name            CONNOR, SYLVIA  
Address        6418 BIRCHWOOD COURT  
City-State-Zip: NAPLES FL 34109

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN A WANKLYN

**PRESIDENT**

**02/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date