DOCUMENT# L05000043966 Entity Name: NORTHWAY PLAZA, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

C/O EASTERN STATES PROPERTIES 103 CARNEGIE CENTER SUITE 300 PRINCETON, NJ 08540

Current Mailing Address:

PO BOX 5031 TRENTON, NJ 08638 US

FEI Number: 20-5177313

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US Certificate of Status Desired: No

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.

E: JANICE NULL			04/28/2017
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	MGRM	
PLAPINGER, SCOTT	Name	PLAPINGER, BRUCE	
2495 US HIGHWAY ONE	Address	560 PEOPLES PLAZA, PMB 14	2
LAWRENCEVILLE NJ 08648	City-State-Zip:	NEWARK DE 19702	
MGRM			
PLATT, LAWRENCE			
265 FREEMAN PKWY			
PROVIDENCE RI 02906			
	Person(s) Detail : MGRM PLAPINGER, SCOTT 2495 US HIGHWAY ONE LAWRENCEVILLE NJ 08648 MGRM PLATT, LAWRENCE 265 FREEMAN PKWY	Electronic Signature of Registered Agent Person(s) Detail : MGRM Title PLAPINGER, SCOTT Name 2495 US HIGHWAY ONE Address LAWRENCEVILLE NJ 08648 City-State-Zip: MGRM PLATT, LAWRENCE 265 FREEMAN PKWY Magent	Electronic Signature of Registered Agent Person(s) Detail : MGRM Title PLAPINGER, SCOTT Name 2495 US HIGHWAY ONE Address LAWRENCEVILLE NJ 08648 City-State-Zip: MGRM PLATT, LAWRENCE 265 FREEMAN PKWY

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: SCOTT PLAPINGER

MGRM

FILED Apr 28, 2017 Secretary of State CC4815366559

Electronic Signature of Signing Authorized Person(s) Detail