

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197908

**Entity Name:** NORTHLAKE OP MEMBER LLC

**Current Principal Place of Business:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431

**Current Mailing Address:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WIENER, DAVID J  
2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 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 P  
Name STILLER, DUANE J  
Address 2240 NW 19TH STREET, SUITE 801  
City-State-Zip: BOCA RATON FL 33431

Title VST  
Name TYRIVER, SORAYA  
Address 2240 NW 19TH STREET, SUITE 801  
City-State-Zip: BOCA RATON FL 33431

Title V  
Name MORELL, JORGE  
Address 2240 NW 19TH STREET, SUITE 801  
City-State-Zip: BOCA RATON FL 33431

*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:** SORAYA TYRIVER

VP

04/19/2017

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

\_\_\_\_\_  
Date