

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000015637

**Entity Name:** ATS NORTHPOINTE, LLC**Current Principal Place of Business:**20213 NE 16 PLACE  
MIAMI, FL 33179**Current Mailing Address:**P.O. BOX 56855  
JACKSONVILLE, FL 32241 US**FEI Number:** 82-4331611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, ALAN J ESQ.  
20803 BISCAYNE BLVD  
301  
AVENTURA, FL 33180 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	MGR
Name	ATS NORTHPOINTE 770, INC.
Address	P.O. BOX 56855
City-State-Zip:	JACKSONVILLE FL 32241

Title	MANAGER
Name	TEICHMAN, SHAHAF
Address	P.O. BOX 56855
City-State-Zip:	JACKSONVILLE FL 32241

Title	MANAGER
Name	HAVIV, SHAY
Address	P.O. BOX 56855
City-State-Zip:	JACKSONVILLE FL 32241

*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:** TEICHMAN , SHAHAF

MMBR

03/26/2022

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