

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000015637

Entity Name: ATS NORTHPOINTE, LLC

Current Principal Place of Business:

1575-2 PARKWOOD STREET
JACKSONVILLE, FL 32207

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

MGR

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date