

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000377

Entity Name: DADELAND TOWERS NORTH ASSOCIATES, LLC**Current Principal Place of Business:**125 E. ELM ST.
SUITE 400
CONSHOHOCKEN, PA 19428**Current Mailing Address:**125 E. ELM ST.
SUITE 400
CONSHOHOCKEN, PA 19428 US**FEI Number:** 26-1822971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** STEPHANIE BOEHM

07/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	CRIGER, TIM
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	MANAGER
Name	GERWITZ, HERMAN
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	MANAGER
Name	GLAZER, WILLIAM
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	MANAGER
Name	HUGHES, JOSEPH
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	MANAGER
Name	RASH, MARC
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	MANAGER
Name	RHODES, RIVA
Address	125 E. ELM ST. SUITE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

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: WILLIAM GLAZER

MANAGER

07/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date