

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 03, 2019
Secretary of State
7467932205CC

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