

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000005014

**Entity Name:** INDUSTRIAL NORTH AMERICAN PROPERTIES II, LLC

**Current Principal Place of Business:**

1801 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**FILED**  
**Apr 20, 2023**  
**Secretary of State**  
**7275257239CC**

**Current Mailing Address:**

191 N WACKER DRIVE  
SUITE 2500  
CHICAGO, IL 60606 US

**FEI Number: 27-1529518**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title VS  
Name MCCARTHY, THOMAS D  
Address 191 N WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VAS  
Name BONINO, JOHN  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VAS  
Name STAUFFER, JEFF  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title P  
Name TOGNARELLI, MAURY R  
Address 191 N WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VT  
Name CHRISTENSEN, LAWRENCE J  
Address 191 N WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VAT  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER  
Name NALI PORTFOLIO LLC  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VAS  
Name FAWCETT, DWIGHT P  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

**Continues on page 2**

*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: JOHN BONINO**

**VICE PRESIDENT**

**04/20/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VAS  
Name KELLY, THOMAS P  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606