## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004557

Entity Name: NORTHLAND CARIBBEAN ISLE LLC

**Current Principal Place of Business:** 

% NORTHLAND INVESTMENT CORP. 2150 WASHINGTON STREET NEWTON, MA 02462

## **Current Mailing Address:**

% NORTHLAND INVESTMENT CORP. 2150 WASHINGTON STREET NEWTON, MA 02462

FEI Number: 46-3153353 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 MGRM Title PRESIDENT AND CHIEF EXECUTIVE

Name NORTHLAND FUND V, L.P. OFFICER

Name GOTTESDIENER, LAWRENCE R.
Address 2150 WASHINGTON STREET

City-State-Zip: NEWTON MA 02462

Address % NORTHLAND INVESTMENT CORP. 2150 WASHINGTON STREET

y Glate Zp. NEWYON WAS TINGTON STREE

City-State-Zip: NEWTON MA 02462
Title VP

Name GOTTESDIENER, MATTHEW R. Title SECRETARY, TREASURER

Address % NORTHLAND INVESTMENT CORP. Name ABAIR, SUZANNE 2150 WASHINGTON STREET

Address % NORTHLAND INVESTMENT CORP.

City-State-Zip: NEWTON MA 02462 2150 WASHINGTON STREET

City-State-Zip: NEWTON MA 02462

Title ASSISTANT SECRETARY

Name KINSLEY, BETH

Address % NORTHLAND INVESTMENT CORP.

2150 WASHINGTON STREET

City-State-Zip: NEWTON MA 02462

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: BETH KINSLEY ASSISTANT SECRETARY 04/15/2020

FILED Apr 15, 2020

**Secretary of State** 

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