

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004744

**FILED**  
**Feb 24, 2023**  
**Secretary of State**  
**5000511498CC**

**Entity Name:** FORTISTAR METHANE GROUP LLC

**Current Principal Place of Business:**

1 NORTH LEXINGTON AVE.  
SUITE 1450  
WHITE PLAINS, NY 10601

**Current Mailing Address:**

1 NORTH LEXINGTON AVE.  
SUITE 1450  
WHITE PLAINS, NY 10601 US

**FEI Number:** NOT APPLICABLE

**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:** \_\_\_\_\_

**02/24/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name FORTISTAR LLC  
Address 1 NORTH LEXINGTON AVE.  
SUITE 1450  
City-State-Zip: WHITE PLAINS NY 10601

Title MANAGER  
Name GESICKI, THOMAS  
Address 1 NORTH LEXINGTON AVE.  
SUITE 1450  
City-State-Zip: WHITE PLAINS NY 10601

Title MANAGER  
Name FALBO, ANTHONY  
Address 1 NORTH LEXINGTON AVE.  
SUITE 1450  
City-State-Zip: WHITE PLAINS NY 10601

Title REAL PROPERTY SIGNOR  
Name COMORA, MARK  
Address 1 NORTH LEXINGTON AVE.  
SUITE 1450  
City-State-Zip: WHITE PLAINS NY 10601

*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:** MARK COMORA

**PRESIDENT/CEO**

**02/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date