

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010863

**Entity Name:** SE MIDTOWN 5 LLC

**Current Principal Place of Business:**

111 GREAT NECK RD., STE. 408  
GREAT NECK, NY 11021

**Current Mailing Address:**

111 GREAT NECK RD., STE. 408  
GREAT NECK, NY 11021 US

**FEI Number:** 85-4140429

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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 AP  
Name WILPON, RICHARD A  
Address 111 GREAT NECK RD., STE. 408  
City-State-Zip: GREAT NECK NY 11021

Title AP  
Name KATZ, GREGORY  
Address 111 GREAT NECK RD., STE. 408  
City-State-Zip: GREAT NECK NY 11021

Title AP  
Name KATZ, MICHAEL  
Address 111 GREAT NECK RD., STE. 408  
City-State-Zip: GREAT NECK NY 11021

Title AP  
Name KATZ, TODD  
Address 111 GREAT NECK RD., STE. 408  
City-State-Zip: GREAT NECK NY 11021

*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:** MICHAEL KATZ

**OFFICER**

**01/30/2023**

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

\_\_\_\_\_  
Date