

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011660

**Entity Name:** NORTH RESIDENCE OWNER VENTURES, LLC

**Current Principal Place of Business:**

333 EARLE OVINGTON BLVD  
SUITE 900  
UNIONDALE, NY 11553

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**4808040138CC**

**Current Mailing Address:**

333 EARLE OVINGTON BLVD  
SUITE 900  
UNIONDALE, NY 11553 US

**FEI Number:** 87-2423430

**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            AUTHORIZED SIGNATORY  
Name            CANDREVA, MELISSA  
Address        333 EARLE OVINGTON BLVD  
                  SUITE 900  
City-State-Zip: UNIONDALE NY 11553

Title            MEMBER  
Name            NORTH RESIDENCE OWNER  
                  HOLDINGS, LLC  
Address        333 EARLE OVINGTON BLVD  
                  SUITE 900  
City-State-Zip: UNIONDALE NY 11553

*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:** MELISSA CANDREVA

**AUTHORIZED  
SIGNATORY**

**04/18/2024**

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

\_\_\_\_\_  
Date