

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M22000015536

**Entity Name:** HOLMAN NORTH MIAMI, LLC

**Current Principal Place of Business:**

4001 LEADENHALL RD  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL RD  
MOUNT LAUREL, NJ 08054

**FEI Number:** 92-0586635

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**FILED**  
**Aug 14, 2023**  
**Secretary of State**  
**5511720468CC**

*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           MANAGER  
Name           HOLMAN, MELINDA K  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           HURREN, CHRISTOPHER S  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           CARLISLE, LAURA E  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           WELSH, EUGENE V  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           MULLIN, KATHERINE A  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           NEWELL, MATTHEW E  
Address        17800 SE MILL PLAIN BLVD STE 100  
City-State-Zip: VANCOUVER WA 98683

Title           MANAGER  
Name           ORTELL, CARL A  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           CONROY, CHRISTOPHER G  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

**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:** KATHERINE A. MULLIN

**MANAGER**

**08/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title           MANAGER  
Name            CARBONE, FRANK A  
Address         4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name            HORWITH, BRIAN K  
Address         4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name            LOISEAU , KENNETH  
Address         911 NE SECOND AVENUE  
City-State-Zip: FORT LAUDERDALE, FL 33304