

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

L01000001773

NORTH REALTY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 24 AM 11:18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40304 Fisher Island Drive

Suite, Apt. #, etc.

#40304

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fisher Island, Florida

City & State

Zip

33109

Country

USA

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David Shear

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle, Suite 601

City

Coral Gables

FL

Zip Code
33134

8. 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

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Manager

STREET ADDRESS

Leon Cohen

CITY - ST - ZIP

40304 Fisher Island Drive, #40304

Fisher Island, Florida 33109

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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****600.00 ****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Leon Cohen, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/02 305-672-0015

CR2E083B (1001)