

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2023 JAN -3 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FL

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009672

1. Limited Liability Company's Name

Northbridge Management LLC

800399844738

2. Principal Office Address - No P.O. Box #

19 Long Hill Rd.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

New Vernon, NJ

City & State

Zip

07976

Country

USA

Zip

Country

3. Name and Address of Current Registered Agent

Name

Robert P. Elefante

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

3340 Bridgegate Dr.

Apt. #, Etc

City

Jupiter, FL

State

FL

Zip Code

33477

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/22/22

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Robert P. Elefante	19 Long Hill Rd.	New Vernon, NJ 07976

REINSTATEMENT

2021-2023

01/04/2023

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

12/24/2022

Daytime Phone #

Typed or printed name of signing authorized representative/member

Robert P. Elefante

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/03/2023

Acc#I20160000072

W: C D W

Name:	Northbridge Management LLC
Document #:	
Order #:	14697149

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

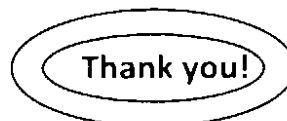
Filing: ☒	Certified: ☐
	Plain: ☒
	COGS: ☐

Email Address for Annual Report Notification

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Availability _____
Document _____
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