## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043115

Entity Name: GROUP FORCE NORTHLAKE, LLC

**Current Principal Place of Business:** 

18205 BISCAYNE BLVD. **SUITE 2202** AVENTURA, FL 33180

**Current Mailing Address:** 

18205 BISCAYNE BLVD. **SUITE 2202** AVENTURA, FL 33180

FEI Number: 20-8909936 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROSFELD, MARIO 18205 BISCAYNE BLVD **SUITE 2202** AVENTURA, FL 33160 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

**FILED** Feb 15, 2017

**Secretary of State** 

CC1722980430

## Authorized Person(s) Detail:

Title MGRM

GROSFELD, MARIO Name

18205 BISCAYNE BLVD., SUITE 2202 Address

City-State-Zip: AVENTURA FL 33180

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.

Electronic Signature of Signing Authorized Person(s) Detail

02/15/2017 Date

RA