

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000010861

Entity Name: EB5 AFFILIATE NETWORK NEW YORK/TRI-STATE REGIONAL CENTER, LLC

FILED
Jan 25, 2016
Secretary of State
CC0362221267

Current Principal Place of Business:

3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERMAN, THOMAS N
3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410 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 MGR
Name SILVERMAN, SAMUEL B
Address 142 COMMODORE DR
City-State-Zip: JUPITER FL 33477

Title MGR
Name SCHOENFELD, MICHAEL
Address 6049 BRATTON PL
City-State-Zip: CHARLOTTE NC 28277

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: SAMUEL B SILVERMAN

MANAGING MEMBER

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date