

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000010861

**Entity Name:** EB5 AFFILIATE NETWORK NORTHEAST REGIONAL CENTER, LLC

**FILED**  
**Jan 30, 2022**  
**Secretary of State**  
**3807924015CC**

**Current Principal Place of Business:**

5500 MILITARY TRAIL  
SUITE 22-260  
JUPITER, FL 33458

**Current Mailing Address:**

5500 MILITARY TRAIL  
SUITE 22-260  
JUPITER, FL 33458 US

**FEI Number: 81-4595012**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300 SUITE 300  
ST.PETERSBURG, FL 33702 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 268 CALLE DOS HERMANOS UNIT 5  
City-State-Zip: SAN JUAN OC 00907

Title MGR  
Name SCHOENFELD, MICHAEL  
Address 3203 PLANTATION VILLAGE  
City-State-Zip: DORADO OC 00646

*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 SILVERMAN**

**MANAGING MEMBER**

**01/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date