### 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: JOHN PORTER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PORTER, STEPHEN J	Name	PORTER, JOHN K
Address	7234 SPRINGSIDE DRIVE	Address	215 HOLMAN ROAD
City-State-Zip:	FAIRVIEW PA 16415	City-State-Zip:	CAPE CANAVERAL FL 32920

# 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# M0500000663

# Entity Name: NORTH ATLANTIC AVENUE PROPERTIES, LLC

## **Current Principal Place of Business:**

215 HOLMAN ROAD CAPE CANAVERAL, FL 32920

# **Current Mailing Address:**

215 HOLMAN ROAD CAPE CANAVERAL. FL 32920

### FEI Number: 20-0443233

# Name and Address of Current Registered Agent:

PORTER, JOHN K 215 HOLMAN ROAD CAPE CANAVERAL, FL 32920 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.

Certificate of Status Desired: No

02/07/2014

#### FILED Feb 07, 2014 Secretary of State CC0867875939

Date

MANAGER

Date