2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007894

Entity Name: CSIM NONA PARK TITLE HOLDER LLC

Current Principal Place of Business:

68 S. SERVICE RD., SUITE 120
MELVILLE, NY 11747

Current Mailing Address:

68 S. SERVICE RD., SUITE 120
MELVILLE, NY 11747 US

FEI Number: 88-4223730

FILED
Mar 06, 2025
Secretary of State
0291274015CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST. SUITE 4
TALLAHASSEE, FL 32301 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	INDEPENDENT BOARD MEMBER AND SPECIAL/SPRINGING MEMBER
Name	MATARESE , JILL A
Address	68 SOUTH SERVICE ROAD, SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	VP, ASST. TREASURER AND ASST. SECRETARY
Name	BISNATH , NIGEL
Address	68 SOUTH SERVICE ROAD SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	VP, ASST TREASURER, ASST SECRETARY
Name	MATARESE , JILL A
Address	68 SOUTH SERVICE ROAD, SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	VP, ASST. TREASURER AND ASST. SECRETARY
Name	CORRIGAN , KEVIN J.
Address	68 SOUTH SERVICE ROAD SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	VP, ASST. TREASURER AND SEC
Name	ANGELO , BERNARD J.
Address	68 SOUTH SERVICE ROAD SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	VP, ASST. TREASURER AND ASST. SECRETARY
Name	O'CONNOR , TIMOTHY
Address	68 SOUTH SERVICE ROAD SUITE 120
City-State-Zip:	MELVILLE NY 11747

Title	PRESIDENT, TREASURER, ASST. SECRETARY
Name	BURNS , KEVIN P.
Address	68 SOUTH SERVICE ROAD SUITE 120
City-State-Zip:	MELVILLE NY 11747

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: JILL A MATARESE — VP, ASST TREAS, ASST SEC — 03/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date