

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000010789

**Entity Name:** SUSO 5 NORTHLAKE GP LLC

**Current Principal Place of Business:**

C/O SLATE ASSET MANAGEMENT, L.P.  
121 KING ST W, SUITE 200  
TORONTO, ON M5H-3T9

**Current Mailing Address:**

C/O SLATE ASSET MANAGEMENT, L.P.  
121 KING ST W, SUITE 200  
TORONTO, ON M5H-3T9 CA

**FEI Number:** 88-3136395

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
STE #1110  
TALLAHASSEE, FL 32301-3056 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           | MANAGER                                                         | Title           | MANAGER                                                         |
| Name            | WELCH, BLAIR                                                    | Name            | AGATEP, ANDREW                                                  |
| Address         | C/O SLATE ASSET MANAGEMENT,<br>L.P.<br>121 KING ST W, SUITE 200 | Address         | C/O SLATE ASSET MANAGEMENT,<br>L.P.<br>121 KING ST W, SUITE 200 |
| City-State-Zip: | TORONTO ON M5H-3T9                                              | City-State-Zip: | TORONTO ON M5H-3T9                                              |

*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:** RAMSEY ALI

**AUTHORIZED SIGNER**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date