

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032593

Entity Name: POINTE GROUP ADVISORS, LLC**Current Principal Place of Business:**3444 MAIN HIGHWAY
2ND FLOOR
CORAL GABLES, , FL 33133**Current Mailing Address:**13218 WEST BROWARD BLVD
PLANTATION, FL 33325 US**FEI Number:** 26-0162982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	MGR, PRESIDENT
Name	HARBERT, JOSEPH
Address	666 FIFTH AVENUE, 4TH FLOOR
City-State-Zip:	NEW YORK NY 10103

Title	VP
Name	SAVAGE, GRANT D
Address	13218 WEST BROWARD BLVD
City-State-Zip:	PLANTATION FL 33325

Title	ASST. SECRETARY
Name	SCHWAB, GEORGE L IV
Address	666 FIFTH AVENUE
City-State-Zip:	NEW YORK NY 10103

Title	S
Name	HAWKINS, MATTHEW
Address	1140 BAY STREET, SUITE 4000
City-State-Zip:	TORONTO ON M5S 2B4

Title	MGR
Name	TAYLOR, DYLAN E
Address	601 UNION STREET, SUITE 3320
City-State-Zip:	SEATTLE WA 98101

Title	MGR
Name	WHITT, KAREN
Address	1625 EYE STREET NW, SUITE 700
City-State-Zip:	WASHINGTON DC 20006

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: DYLAN E TAYLOR**MANAGER****04/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date