

2021 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	VP
Name	SAVAGE, GRANT D
Address	13218 WEST BROWARD BLVD
City-State-Zip:	PLANTATION FL 33325
Title	S
Name	HAWKINS, MATTHEW
Address	1255 BAY STREET, SUITE 600
City-State-Zip:	TORONTO ON M5R 2A9
Title	MGR
Name	BOROK, GIL
Address	16830 VENTURA BOULEVARD, SUITE J
City-State-Zip:	ENCINO CA 91436

Title	ASST. SECRETARY
Name	SCHWAB, GEORGE L IV
Address	1114 SIXTH AVENUE, 12 FLOOR
City-State-Zip:	NEW YORK NY 10036
Title	MGR
Name	WHITT, KAREN
Address	1110 NORTH GLEBE ROAD, SUITE 610
City-State-Zip:	ARLINGTON VA 22201

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: GIL BOROK**MANAGER****04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date