

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045303

**Entity Name:** 160 POINTE LOOP DR. ,LLC

**Current Principal Place of Business:**

21 JENNIFER DR.  
HOLMDEL, NJ 07733

**Current Mailing Address:**

21 JENNIFER DR.  
HOLMDEL, NJ 07733 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LARSEN, WAYNE MR  
2061 SE HARLOW ST.  
PORT ST.LUCIE, FL 34952 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 MGRM  
Name LARSEN, GLENN  
Address 21 JENNIFER DR.  
City-State-Zip: HOLMDEL NJ 07733

*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:** GLENN LARSEN

**OWNER**

**02/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date