

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091506

Entity Name: HIGH POINT TRUST SERVICES, LLC

Current Principal Place of Business:

1818 SHORT BRANCH DRIVE
SUITE 101
TRINITY, FL 34655

Current Mailing Address:

1818 SHORT BRANCH DRIVE
SUITE 101
TRINITY, FL 34655

FEI Number: 27-1161977

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIMBERLY A. SHURTLEFF, PA
1818 SHORT BRANCH DRIVE
SUITE 101
TRINITY, FL 34655 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 SHURTLEFF, KIMBERLY A
Address 1818 SHORT BRANCH DRIVE, SUITE
101
City-State-Zip: TRINITY FL 34655

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: KIMBERLY A. SHURTLEFF

MGRM

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date