# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000036144

Entity Name: GALIC POINTE, LLC

# **Current Principal Place of Business:**

TWO ALHAMBRA PLAZA SUITE 1280 CORAL GABLES, FL 33134

# **Current Mailing Address:**

TWO ALHAMBRA PLAZA SUITE 1280 CORAL GABLES, FL 33134 US

# FEI Number: 45-1144095

### Name and Address of Current Registered Agent:

RICE PUGATCH ROBINSON & SCHILLER PA 101 NE THIRD AVENUE SUITE 1800 FORT LAUDERDALE, FL 33301 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

### Authorized Person(s) Detail :

TitleMGRNameGREAT AMERICAN LIFE INSURANCE<br/>COMPANYAddress301 E. 4TH ST.City-State-Zip:CINCINNATI OH 45202

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: GREAT AMERICAN LIFE INSURANCE COMPANY MGR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

03/23/2016 Date