

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014062

**Entity Name:** ARROW POINT, LLC

**Current Principal Place of Business:**

67 AUTHORS ROAD  
CONCORD, MA 01742

**Current Mailing Address:**

67 AUTHORS ROAD  
CONCORD, MA 01742 US

**FEI Number:** 45-5450302

**Certificate of Status Desired:** No

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

DEAN MEAD SERVICES, LLC  
420 S. ORANGE AVENUE  
SUITE 700  
ORLANDO, FL 32801 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           MANAGER  
Name           GALLY, MARK P.  
Address        67 AUTHORS ROAD  
City-State-Zip: CONCORD MA 01742

*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:** MARK P. GALLY

**MANAGER**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date