

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130661

**Entity Name:** LARSON HIGHPOINT PROPERTIES LLC

**Current Principal Place of Business:**

307 SW 4TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 14715  
GAINESVILLE, FL 32604

**FEI Number:** 46-1258163

**Certificate of Status Desired:** No

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

TIMOTHY, LARSON  
2016 NE 17TH TERRACE  
GAINESVILLE, FL 32609 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	MGR	Title	MGR
Name	LARSON, TIMOTHY	Name	LARSON, BRET
Address	PO BOX 14715	Address	PO BOX 14715
City-State-Zip:	GAINESVILLE FL 32604	City-State-Zip:	GAINESVILLE FL 32604

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY LARSON

**DIRECTOR**

**03/24/2013**

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

\_\_\_\_\_  
Date