

2015 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
2046 NW 17TH LANE
GAINESVILLE, FL 32605 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
Name LARSON, TIMOTHY
Address PO BOX 14715
City-State-Zip: GAINESVILLE FL 32604

Title MGR
Name LARSON, BRET
Address PO BOX 14715
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY LARSON

DIRECTOR

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date