

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000008236

**Entity Name:** 1555 BLUE POINT, LLC.

**Current Principal Place of Business:**

1400 BLUE POINT AVE APT 204  
NAPLES, FL 34102

**Current Mailing Address:**

1400 BLUE POINT AVE APT204  
NAPLES, FL 34102

**FEI Number:** 46-1845667

**Certificate of Status Desired:** No

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

CHANDOK, SURINDER S  
1400 BLUE POINT AVE APT204  
NAPLES, FL 34102 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 CHANDOK, SURINDER S  
Address 1400 BLUE POINT AVE APT 204  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name CHANDOK, TRIPAT  
Address 295 BARTON NORTH DRIVE  
City-State-Zip: ANN ARBOR MI 48105

*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:** SURINDER S. CHANDOK

**MANAGER**

**04/15/2016**

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

\_\_\_\_\_  
Date