

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141080

Entity Name: MPO PROPERTIES CROSSPOINTE, LLC

Current Principal Place of Business:

1020 CROSSPOINTE DRIVE
SUITE 103
NAPLES, FL 34110

Current Mailing Address:

ATTN: LEGAL DEPT.
5400 KENNEDY AVENUE
CINCINNATI, OH 45213 US

FEI Number: 46-3827811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAULSBY, GILBERT H MD
1020 CROSSPOINTE DRIVE
SUITE 103
NAPLES, FL 34110 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 MAULSBY, GILBERT H MD
Address 1020 CROSSPOINTE DRIVE
SUITE 103
City-State-Zip: NAPLES FL 34110

Title MGR
Name POMERANZ, STEPHEN J MD
Address 5400 KENNEDY AVENUE
City-State-Zip: CINCINNATI OH 45213

Title MGR
Name OLMSTED, ADAM K MD
Address 1020 CROSSPOINTE DRIVE
SUITE 103
City-State-Zip: NAPLES FL 34110

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: STEPHEN J. POMERANZ, MD

MGR

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date