

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000039992

**Entity Name:** URBAN POINTE DEVELOPERS, LLC

**Current Principal Place of Business:**

1135 KANE CONCOURSE  
THIRD FLOOR  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1135 KANE CONCOURSE  
THIRD FLOOR  
BAY HARBOR ISLANDS, FL 33154 UN

**FEI Number:** 47-3346664

**Certificate of Status Desired:** No

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

SAKOWITZ, ALAN  
1135 KANE CONCOURSE  
THIRD FLOOR  
BAY HARBOR ISLANDS, FL 33154 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 EGOZI, MAURICE  
Address 1135 KANE CONCOURSE-THIRD FLOOR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name SAKOWITZ, ALAN  
Address 1135 KANE CONCOURSE-THIRD FLOOR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name HAYNES, ERIC L  
Address 10194 NW 47TH STREET  
City-State-Zip: SUNRISE FL 33351

*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:** ALAN SAKOWITZ

**MANAGER**

**04/27/2016**

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

\_\_\_\_\_  
Date