

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000160376

**Entity Name:** POINT GUARD BIOSCIENCES LLC

**Current Principal Place of Business:**

3030 N. ROCKY POINTE DRIVE W  
SUITE 150  
TAMPA, FL 33607

**Current Mailing Address:**

960 S. FLORIDA AVE.  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 47-5152340

**Certificate of Status Desired:** No

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

BUTLER, BARRY  
960 S. FLORIDA AVE.  
TARPON SPRINGS, FL 34689 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	AR
Name	BUTLER, BARRY	Name	LEMON, HALEY
Address	960 S. FLORIDA AVE.	Address	1125 JOHNS HILL RD
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	WILDER KY 41076

Title AUTHORIZED MEMBER  
 Name POINT GUARD PARTNERS, LLC  
 Address 3030 N. ROCKY POINTE DRIVE W  
 SUITE 150  
 City-State-Zip: TAMPA FL 33607

*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:** BARRY BUTLER

MGR

03/08/2019

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

\_\_\_\_\_  
Date