

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004925

**Entity Name:** GUIDEPOST SOLUTIONS LLC

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

800 VILLAGE SQUARE CROSSINGS  
SUITE 205  
PALM BEACH GARDENS, FL 33410

**FEI Number: 80-0581535**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SCHWARTZ, BART  
Address 415 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title MGRM  
Name ROSETTI, JOSEPH  
Address 415 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title SECRETARY  
Name COLLURA, ANTHONY M  
Address 415 MADISON AVENUE  
11TH FL  
City-State-Zip: NEW YORK NY 10017

*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: ANTHONY M COLLURA**

**SECRETARY**

**03/19/2014**

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

\_\_\_\_\_  
Date