

2016 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

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date