

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018576

Entity Name: POINTE SILOS 85, LLC

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1709 HERMITAGE BLVD  
SUITE 200  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE DRAWER 229  
TALLAHASSEE, FL 323020229

**New Mailing Address:**

FEI Number: 59-3759447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAKEMAN, MARY L  
1709 HERMITAGE BLVD  
SUITE 200  
TALLAHASSEE, FL 32308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCONNAUGHAY, JAMES IV  
Address: 1709 HERMITAGE BLVD, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: WAKEMAN, MARY L  
Address: 1709 HERMITAGE BLVD, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: MCCONNAUGHAY, JOHN W  
Address: 1709 HERMITAGE BLVD, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARY L. WAKEMAN

MGRM

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date