

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 004 ****50.00

DOCUMENT # L07000034830

1. Entity Name



A191 Compass Point LLC

Principal Place of Business

1299 Middle Gulf
SANibel FL 33957

Mailing Address

NORMA F JOHNSON
3371 FOREST GLEN DRIVE
CORINTH TX 76210



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

134262190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLISH, THERESA M
1715 MONROE STREET
FT. MYERS FL 33901

Name

Robert Lorman

Street Address (P.O. Box Number is Not Acceptable)

1715 Monroe Street

City

Ft. MYERS

FL

Zip Code

33901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE MONTH FEE IS \$60.00

Make Check Payable to Florida Department of State
Due by September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ARTHUR N	
STREET ADDRESS	3371 FOREST GLEN DRIVE	
CITY-ST-ZIP	DENTON TX 76210	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMA F	
STREET ADDRESS	3371 FOREST GLEN DRIVE	
CITY-ST-ZIP	DENTON TX 76210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Norma F Johnson

7-5-07 940-321-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #