

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (R)**

FILED
May 10, 2005 8:00 am
Secretary of State

03-10-2005 90038 013 ****50.00

DOCUMENT # L04000022522																											
1. Entity Name CENTRE POINTE INVESTMENTS, LLC																											
Principal Place of Business P.O. BOX 13833 TALLAHASSEE FL 32317		Mailing Address P.O. BOX 13833 TALLAHASSEE FL 32317																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
6. Name and Address of Current Registered Agent IGLER & DOUGHERTY, P.A. 2457 CARE DRIVE TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																									
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 _____ DATE _____ Signature typed or printed name of registered agent and title (optional) (NOTE: Registered Agent signature required when reinstating)																											
																											
B. Member Managing		C. ADDITIONS/CHANGES																									
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11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. 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 Statute.																											
SIGNATURE: 		3/8/05 850-671-1999																									
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											

30000344



1st MOORE CR2E083 (10/04)

4. FE Number **20-0984962** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required