

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042259

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** NORTH POINTE CENTER LLC

**Current Principal Place of Business:**

87 TUPELO DRIVE  
CRAWFORDVILLE,, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 208  
CRAWFORDVILLE, FL 32326 US

**New Mailing Address:**

**FEI Number:** 20-4813257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHUFF, JOHN W III  
87 TUPELO DRIVE  
CRAWFORDVILLE, FL 32327 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:** MGR  
**Name:** YAWN, RAY  
**Address:** 213 DAUGHTRY DR.  
**City-St-Zip:** SOPCHOPPY, FL 32358

**Title:** MGR  
**Name:** SHUFF, JOHN  
**Address:** 87 TUPELO DR.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

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:** JOSEPH R. YAWN

MGR

03/12/2012

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