

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062464

Entity Name: POINT OF PALMS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1521 SOUTH TAMIAMI TRAIL, SUITE 303  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1521 SOUTH TAMIAMI TRAIL, SUITE 303  
VENICE, FL 34285

**New Mailing Address:**

FEI Number: 20-2981479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REEGLER, SARI LYNN  
REEGLER & TORNESE, P.A.  
1521 SOUTH TAMIAMI TRAIL, SUITE 304  
VENICE, FL 32485 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: GP  
Name: DOWD, JOHN F  
Address: 1521 S. TAMIAMI TRAIL, #303  
City-St-Zip: VENICE, FL 34285

Title: GP  
Name: WILLIAM, CLAUSS E  
Address: 1361 BROOKSIDE DR  
City-St-Zip: VENICE, FL 34292

Title: GP  
Name: TRITSCHLER, T CHRIS  
Address: 665 N TAMIAMI TR  
City-St-Zip: NOKOMIS, FL 34275

Title: GP  
Name: MCBRIDE, WILLIAM F  
Address: 2211 CALUSA LAKES BLVD  
City-St-Zip: NOKOMIS, FL 34275

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: JOHN F DOWD

GP

04/29/2011

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