

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034841

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** WEST POINT ADVISORS LLC

**Current Principal Place of Business:**

519 HUDSON STREET  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

519 HUDSON STREET  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 20-5104121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NACCARELLI, JOHN  
519 HUDSON STREET  
INVERNESS, FL 34452 US

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

NACCARELLI, JOHN  
706 NOLA STREET  
INVERNESS, FL 34452 US

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

04/05/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NACCARELLI, JOHN  
Address: 706 NOLA STREET  
City-St-Zip: INVERNESS, FL 34452

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 NACCARELLI

MGRM

04/05/2011

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