

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034841

**FILED**  
**Apr 29, 2012**  
**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:**

715 CLEARBROOK PARK CIRCLE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

519 HUDSON STREET  
INVERNESS, FL 34452

**New Mailing Address:**

715 CLEARBROOK PARK CIRCLE  
DELRAY BEACH, FL 33445

**FEI Number:** 20-5104121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NACCARELLI, JOHN  
706 NOLA STREET  
INVERNESS, FL 34452 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: 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

04/29/2012

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