

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032593

**Entity Name:** POINTE GROUP ADVISORS, LLC

**Current Principal Place of Business:**

3444 MAIN HIGHWAY  
2ND FLOOR  
CORAL GABLES, , FL 33133

**Current Mailing Address:**

13218 WEST BROWARD BLVD  
PLANTATION, FL 33325 US

**FEI Number: 26-0162982**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title VP  
Name SAVAGE, GRANT D  
Address 13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title ASST. SECRETARY  
Name SCHWAB, GEORGE L IV  
Address 1114 SIXTH AVENUE, 12 FLOOR  
City-State-Zip: NEW YORK NY 10036

Title S  
Name HAWKINS, MATTHEW  
Address 1140 BAY STREET, SUITE 4000  
City-State-Zip: TORONTO ON M5S 2Z4

Title MGR  
Name WHITT, KAREN  
Address 1110 NORTH GLEBE ROAD, SUITE 610  
City-State-Zip: ARLINGTON VA 22201

Title MGR  
Name BOROK, GIL  
Address 6324 CANOGA AVE SUITE 100  
City-State-Zip: WOODLAND HILLS CA 91367

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN WHITT**

**MANAGER**

**04/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date