

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045135

**FILED**  
**Feb 26, 2018**  
**Secretary of State**  
**CC8592675150**

**Entity Name:** POINT GUARD PARTNERS LLC

**Current Principal Place of Business:**

400 N ASHLEY DR  
SUITE 2150  
TAMPA, FL 33602

**Current Mailing Address:**

400 N ASHLEY DR  
SUITE 2150  
TAMPA, FL 33602 US

**FEI Number:** 27-2343642

**Certificate of Status Desired:** No

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

BUTLER, BARRY S  
400 N ASHLEY DRIVE  
SUITE 2150  
TAMPA, FL 33602 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 MGRM  
Name THE BUTLER PARTNERSHIP LLC  
Address 400 N ASHLEY DR  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name CLEAROPHTA CONSULTING, INC.  
Address 400 N ASHLEY DR  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name MODULE 3 PHARMA SERVICES LLC  
Address 400 N ASHLEY DR  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name 2B COMPLIANT LLC  
Address 400 N ASHLEY DR  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name THE BRACE CONSULTING GROUP,  
INC.  
Address 400 N ASHLEY DR  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

*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:** BARRY BUTLER

**MGRM**

**02/26/2018**

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

\_\_\_\_\_  
Date