2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045135

Entity Name: POINT GUARD PARTNERS LLC

Current Principal Place of Business:

400 N ASHLEY DR **SUITE 2150** TAMPA, FL 33602

FILED Mar 28, 2016 **Secretary of State** CC0314666229

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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM**

THE BUTLER PARTNERSHIP LLC Name Name CLEAROPHTA CONSULTING, INC.

400 N ASHLEY DR 400 N ASHLEY DR Address Address **SUITE 2150 SUITE 2150**

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title MGRM Title **MGRM**

Name MODULE 3 PHARMA SERVICES LLC Name 1 G SERVICES, INC.

Address 400 N ASHLEY DR Address 400 N ASHLEY DR **SUITE 2150 SUITE 2150**

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title MGRM Title **MGRM**

2B COMPLIANT LLC THE BRACE CONSULTING GROUP, Name Name

INC. 400 N ASHLEY DR

Address 400 N ASHLEY DR Address **SUITE 2150**

SUITE 2150 TAMPA FL 33602

City-State-Zip: 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.

03/28/2016 SIGNATURE: BARRY BUTLER **MGRM**