

2013 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

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 PHARMAGIC, INC.
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 1 G SERVICES, INC.
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DREY COLEMAN

PARTNER

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date