

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061892

**Entity Name:** NORTH POINTE MOBILE HOME SALES LLC

**Current Principal Place of Business:**

1800 SR 207  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

1800 SR 207  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 27-2806855

**Certificate of Status Desired:** No

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

PETENBRINK, WILLIAM A  
6095 S. PINE AVE.  
OCALA, FL 34480 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:** WILLIAM A PETENBRINK

04/05/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PETENBRINK, WILLIAM A  
Address        6095 S. PINE AVE.  
City-State-Zip: Ocala FL 34480

Title           MANAGER  
Name           SHORE, WALTER CARROLL  
Address        1800 SR 207  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** WILLIAM PETENBRINK

MANAGER

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date