

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000070894

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC5334184920**

**Entity Name:** POINTE GROUP INVESTMENT SERVICES, LLC.

**Current Principal Place of Business:**

C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
PLANTATION, FL 33325

**Current Mailing Address:**

C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
PLANTATION, FL 33325 US

**FEI Number:** 45-5392549

**Certificate of Status Desired:** No

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

GARDNER, PETER C  
C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
PLANTATION, FL 33325 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:** PETER C GARDNER

04/19/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT  
Name           GARDNER, PETER C  
Address        C/O POINTE GROUP ADVISORS  
                  13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title           D  
Name           SAVAGE, GRANT D  
Address        C/O POINTE GROUP ADVISORS  
                  13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title           S  
Name           FITZGERALD, LUCETTE L  
Address        C/O POINTE GROUP ADVISORS  
                  13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

*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:** PETER C. GARDNER

MANAGER, PRESIDENT

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date