

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000008236

Entity Name: 1555 BLUE POINT, LLC.

Current Principal Place of Business:

1400 BLUE POINT AVE APT 204
NAPLES, FL 34102

Current Mailing Address:

1400 BLUE POINT AVE APT204
NAPLES, FL 34102

FEI Number: 46-1845667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANDOK, SURINDER S
1400 BLUE POINT AVE APT204
NAPLES, FL 34102 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 CHANDOK, SURINDER S
Address 1400 BLUE POINT AVE APT 204
City-State-Zip: NAPLES FL 34102

Title MGR
Name CHANDOK, TRIPAT
Address 295 BARTON NORTH DRIVE
City-State-Zip: ANN ARBOR MI 48105

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: SURINDER S. CHANDOK

MANAGER

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date