

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000002362

**Entity Name:** SILVERSMITH POINTE GP, LLC

**Current Principal Place of Business:**

4803 S NATIONAL AVE  
SUITE 200  
SPRINGFIELD, MO 65810

**Current Mailing Address:**

4803 S NATIONAL AVE  
SUITE 200  
SPRINGFIELD, MO 65810 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGR  
Name GARDNER, MARK E  
Address 4803 S NATIONAL AVE  
SUITE 200  
City-State-Zip: SPRINGFIELD MO 65810

Title MGR  
Name GARDNER, MICHAEL C  
Address 8000 MARYLAND AVENUE, SUITE 910  
City-State-Zip: CLAYTON MO 63105

Title MGR  
Name CHAMBERS, JOSEPH  
Address 205 E. CENTRAL BOULEVARD, SUITE  
304  
City-State-Zip: ORLANDO FL 32801

*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:** MARK E. GARDNER

**MANAGER**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date