

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000224819

Entity Name: CENTERPOINTE IV, LLC

Current Principal Place of Business:

370 CENTERPOINTE CIR STE 1136
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

370 CENTERPOINTE CIR STE 1136
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 36-4854330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLENA, COLLEEN
370 CENTERPOINTE CIR STE 1136
ALTAMONTE SPRINGS, FL 32701 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 EMERSON INTERNATIONAL, INC.
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title P
Name CLABER, JONATHAN
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VPT
Name THOMAS, SHARON L
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VPS
Name PITT, LAWRENCE B
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP
Name MEEKS, KIMBERLY
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title AS
Name STEARNS, M SCOTT
Address 370 CENTERPOINTE CIR STE 1136
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: JONATHAN CLABER

PRESIDENT

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date