

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008858

**Entity Name:** CENTERPOINTE YACHT SERVICES LLC

**Current Principal Place of Business:**

700 S WATER ST.  
MILWAUKEE, WI 53204

**Current Mailing Address:**

700 S WATER ST.  
MILWAUKEE, WI 53204

**FEI Number:** 45-2768562

**Certificate of Status Desired:** No

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

BALISTRERI, TED  
402 CHARLESWOOD LANE  
NAPLES, FL 34105 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 MBR  
Name MOEDE, PETER H  
Address 9180 N UPPER RIVER RD.  
City-State-Zip: MILWAUKEE WI 53217

Title MBR  
Name BALISTRERI, TED J  
Address 3416 W RIVERLAND DR  
City-State-Zip: MEQUON WI 53092

Title MBR  
Name BALISTRERI, SALVATORE  
Address 3926 GAZEBO HILL PKWY  
City-State-Zip: MEQUON WI 53092

Title AUTHORIZED REPRESENTATIVE  
Name DUCHOW, CRAIG S  
Address 700 S WATER ST.  
City-State-Zip: MILWAUKEE WI 53204

Title AUTHORIZED REPRESENTATIVE  
Name PLASZKIEWICZ, JANET L  
Address 700 S WATER ST.  
City-State-Zip: MILWAUKEE WI 53204

*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:** JANET PLASZKIEWICZ

**CONTROLLER**

**01/13/2016**

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

\_\_\_\_\_  
Date