

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000053955

**Entity Name:** CREDIT POINTS LLC

**Current Principal Place of Business:**

6917 NARCOOSSEE RD  
STE 700  
ORLANDO, FL 32822

**Current Mailing Address:**

6917 NARCOOSSEE RD  
STE 700  
ORLANDO, FL 32822 US

**FEI Number:** 46-2488489

**Certificate of Status Desired:** Yes

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

TOLEDO, VANESSA  
6917 NARCOOSSEE RD  
STE 700  
ORLANDO, FL 32822 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 TOLEDO, VANESSA  
Address 6917 NARCOOSSEE RD  
STE 700  
City-State-Zip: ORLANDO FL 32822  
  
Title MGRM  
Name FUENTES, HECTOR MANUEL  
Address 6917 NARCOOSSEE RD  
STE 700  
City-State-Zip: ORLANDO FL 32822

Title MGRM  
Name HERNANDEZ, NITZA J  
Address 6917 NARCOOSSEE RD  
STE 700  
City-State-Zip: ORLANDO FL 32822

*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:** VANESSA TOLEDO

MGRM

12/01/2015

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

\_\_\_\_\_  
Date