

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000053955

**Entity Name:** CREDIT POINTS LLC**Current Principal Place of Business:**6731 NARCOOSSEE RD  
STE 1110  
ORLANDO, FL 32822**Current Mailing Address:**6731 NARCOOSSEE RD  
STE 1110  
ORLANDO, FL 32822 US**FEI Number:** 46-2488489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUENTES, VANESSA  
6731 NARCOOSSEE RD  
STE 1110  
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:** VANESSA FUENTES

04/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGRM                           |
| Name            | FUENTES, VANESSA               |
| Address         | 6731 NARCOOSSEE RD<br>STE 1110 |
| City-State-Zip: | ORLANDO FL 32822               |
| Title           | MGRM                           |
| Name            | FUENTES, HECTOR MANUEL         |
| Address         | 6731 NARCOOSSEE RD<br>STE 1110 |
| City-State-Zip: | ORLANDO FL 32822               |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGRM                           |
| Name            | HERNANDEZ, NITZA J             |
| Address         | 6731 NARCOOSSEE RD<br>STE 1110 |
| City-State-Zip: | ORLANDO FL 32822               |
| Title           | MGRM                           |
| Name            | RIVERA, REBECA A               |
| Address         | 6731 NARCOOSSEE RD<br>STE 1110 |
| 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 FUENTES**MANAGER**

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date