

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133884

**Entity Name:** 4 POINTS EXAM SERVICES, LLC

**Current Principal Place of Business:**

7785 BAYMEADOWS WAY  
# 111  
JACKSONVILLE, FL 32256

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC1845997985**

**Current Mailing Address:**

114 ROCK LAKE RD  
LONGWOOD, FL 32750 US

**FEI Number:** 46-3719950

**Certificate of Status Desired:** No

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

COMPARETTI, FRANK  
114 ROCK LAKE RD  
LONGWOOD, FL 32750 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 COMPARETTI, FRANK  
Address 114 ROCK LAKE RD  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name BURST, ALICIA  
Address 4178 HIGHWOOD DR  
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM  
Name MORALES, MICHAEL  
Address 12860 SW 34TH PL  
City-State-Zip: DAVIE FL 33330

Title MGRM  
Name GUERRA, OMAR  
Address 3316 LAS CAMPOS PL  
City-State-Zip: TAMPA FL 33611

Title MGRM  
Name KENT, LAUREN  
Address 3316 LAS CAMPOS PL  
City-State-Zip: TAMPA FL 33611

*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:** COMPARETTI , FRANK

**OWNER**

**03/19/2014**

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

\_\_\_\_\_  
Date