

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000047190

Entity Name: MATCHPOINT CAPITAL PARTNERS LLC**Current Principal Place of Business:**110 LOGAN LANE SUITE 3
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**110 LOGAN LANE
SUITE 3
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 82-4537569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATCHPOINT ADVISORS LLC
110 LOGAN LANE SUITE 3
SANTA ROSA BEACH, FL 32459 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	MMBR
Name	WALKER, VALERIE
Address	2026 PINE ISLAND CIRCLE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	AUTHORIZED REPRESENTATIVE
Name	ELLINGTON, MATTHEW R
Address	110 LOGAN LANE SUITE 3
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AUTHORIZED REPRESENTATIVE
Name	WALKER, MATTHEW
Address	110 LOGAN LANE SUITE 3
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AUTHORIZED REPRESENTATIVE
Name	BURCH, CHRISTOPHER
Address	110 LOGAN LANE SUITE 3
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AUTHORIZED REPRESENTATIVE
Name	MUSICK, JEFFREY LANCE
Address	110 LOGAN LANE SUITE 3
City-State-Zip:	SANTA ROSA BEACH FL 32459

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: MATTHEW R. WALKER

AP

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date