

2023 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:**WALKER, VALERIE
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:** VALERIE WALKER

02/20/2023

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 2026 PINE ISLAND CIRCLE
City-State-Zip: MIRAMAR BEACH FL 32550

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 WALKER

AR

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date