

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90026 014 ***138.75

DOCUMENT # L04000021547	
1. Entity Name WHITE POINT, LLC	

Principal Place of Business 12515 N. KENDALL DRIVE, STE. 328 MIAMI FL 33186	Mailing Address 12515 N. KENDALL DRIVE, STE. 328 MIAMI FL 33186
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2. Principal Place of Business - No P.O. Box # 14261 SW 120th Street Suite # 113 Miami, FL 33186	3. Mailing Address 14261 SW 120th Street Suite # 113 Miami, FL 33186
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1st MOORE CR2E083 (10/07)

4. FEI Number 20-0937293	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINTERO, JAVIER JOSE 12515 N. KENDALL DRIVE, STE. 328 MIAMI FL 33186

7. Name and Address of New Registered Agent Name 14261 SW 120 ST, STE 113 Miami, FL 33186
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUINTERO, JAVIER JOSE 12515 N. KENDALL DRIVE, STE. 328 MIAMI FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEMENCIA ALVAREZ, MARIA 12515 N. KENDALL DRIVE, STE. 328 MIAMI FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____	04/01/08	305/5580023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Certified Print #