


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000059376</b> 1. Entity Name <b>ALLPOINT LLC</b>	
---	---

Principal Place of Business <b>2208 MONACO DRIVE TALLAHASSEE, FL 32308</b>	Mailing Address <b>2208 MONACO DRIVE TALLAHASSEE, FL 32308</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

6. Name and Address of Current Registered Agent  <b>MIMS, CHARLES R 2208 MONACO DRIVE TALLAHASSEE, FL 32308</b>
---

**FILED**  
**07 SEP -6 AM 10: 52**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07262007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1605579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00  
Due by September 14, 2007**

**300109298723**  
**09/11/07--01024--012 \*\*50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MIMS, CHARLES R 2208 MONACO DRIVE TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MIMS, NATALIE B 2208 MONACO DRIVE TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRUMBLEY, DALE II 9397 GAMBLE ROAD MONTICELLO, FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRUMBLEY, TREVOR A 9397 GAMBLE ROAD MONTICELLO, FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

<b>SIGNATURE:</b> <i>Dale Brumbley</i>	<b>5-1-07</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>

Daytime Phone #