


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90262 001 ***138.75

DOCUMENT # L04000091060 1. Entity Name ONPOINT MANAGEMENT SERVICES, LLC.					
Principal Place of Business 4300 BAYOU BLVD STE 27 PENSACOLA, FL 32503			Mailing Address 4300 BAYOU BLVD STE 27 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 1775 North Brown RD		3. Mailing Address 1755 1775 N. Brown RD			
Suite, Apt. #, etc. STE 200		Suite, Apt. #, etc. STE 200			
City & State Lawrenceville GA		City & State Lawrenceville GA			
Zip 30043		Country USA		Zip 30043	
Country USA		Country USA			
6. Name and Address of Current Registered Agent BASS AND SANDFORT ACCOUNTANTS PA 1301 W GARDEN ST PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNETTE, JAME B JR 4300 BAYOU BLVD STE 27 PENSACOLA, FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNETTE, JAMES B JR 1775 N. Brown RD STE 200 Lawrenceville GA 30043 1775 1755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/2007