

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013946

Entity Name: PRESSURE POINT, LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

4689 SOUTHWEST HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4689 SOUTHWEST HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-2368833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

DAVID DIONNE  
4689 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990 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: DAVID DIONNE

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIONNE, DAVID J  
Address: 4689 SOUTHWEST HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: ST ( ) Delete  
Name: DIONNE, DAVID J  
Address: 4689 SOUTHWEST HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID DIONNE

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date