

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117624

Entity Name: FLASHPOINTE, LLC

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1701 DIRECTORS ROW  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

1701 DIRECTORS ROW  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 55-0912566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HACKWORTH, VALERIE  
1701 DIRECTORS ROW  
ORLANDO, FL 32809 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: MCBRIDE, NATHANIEL M CEO  
Address: 1701 DIRECTORS ROW  
City-St-Zip: ORLANDO, FL 32809 US

Title: O  
Name: HACKWORTH, VALERIE S  
Address: 1701 DIRECTORS ROW  
City-St-Zip: ORLANDO, FL 32809

I hereby 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: VALERIE HACKWORTH

MGR

02/18/2011

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