

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010401

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** LAUNCH POINT SOLUTIONS, LLC

**Current Principal Place of Business:**

5141 LIMESTONE DR.  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

11907 COLONY LAKES BLVD.  
NEW PORT RICHEY, FL 34654 US

**Current Mailing Address:**

5141 LIMESTONE DR.  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

11907 COLONY LAKES BLVD.  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 20-4203197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAY, NOAH D  
5141 LIMESTONE DR.  
PORT RICHEY, FL 34668 US

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

GRAY, NOAH D  
11907 COLONY LAKES BLVD.  
NEW PORT RICHEY, FL 34654 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:**

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GRAY, NOAH D  
**Address:** 5141 LIMESTONE DR.  
**City-St-Zip:** PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** GRAY, NOAH D  
**Address:** 11907 COLONY LAKES BLVD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

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:** NOAH D GRAY

MGRM

04/28/2008

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