

**LIMITED LIABILITY COMPANY,  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90152 015 \*\*\*\*50.00  
05-22-2008 90511 045 \*\*\*\*88.75

**DOCUMENT #** L07 000013473

1. Entity Name

**FINERPOINTE LAWCARE ENTERPRISE LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**P.O. BOX 570921**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State

4. FEI Number  
**090-66-4162**

Applied For  
Not Applicable

Zip  
**32857-0921**

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**60043680**  
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MANAGER  
RANDY GIAQUINTO  
PO BOX 570921  
ORLANDO FL 32857-0921**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Randy Giaquinto **RANDY GIAQUINTO**

**3/10/2008**

**407-595-9281**

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

Date

Daytime Phone #

CR2E083B (12/02)