

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008688

Entity Name: ENTRANCEPOINT, LLC

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6278 NORTH FEDERAL HIGHWAY, 430  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

7501 WILES ROAD  
SUITE 204  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

6278 NORTH FEDERAL HIGHWAY, 430  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

7501 WILES ROAD  
SUITE 204  
CORAL SPRINGS, FL 33067

FEI Number: 80-0349565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

J. SCOTT GUNN, P.A.  
100 S.E. 3RD AVENUE  
SUITE 2500  
FT. LAUDERDALE, FL 33394 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: GUNN, KARY  
Address: 7501 WILES ROAD SUITE 204  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: MCFADDEN, KYIA  
Address: 7501 WILES ROAD SUITE 204  
City-St-Zip: CORAL SPRINGS, FL 33067

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: KARY A. GUNN

CEO

06/16/2010

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