

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085036

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** NEWPOINT ENTERPRISES LLC

**Current Principal Place of Business:**

116 WEST PENNSYLVANIA AVE  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 250  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 45-3024467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWPORT EDUCATION PARTNERS, LLC.  
116 WEST PENNSYLVANIA AVE  
BONIFAY, FL 32405 US

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

NEWPOINT EDUCATION PARTNERS, LLC.  
116 WEST PENNSYLVANIA AVE  
BONIFAY, FL 32405 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: GARY B. SCOTT

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHOOL FINANCIAL SERVICES  
Address: 116 WEST PENNSYLVANIA AVE  
City-St-Zip: BONIFAY, FL 32425

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: GARY B. SCOTT

MGR

04/23/2012

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