

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90019 047 \*\*\*\*50.00

**DOCUMENT # M04000005735**

1. Entity Name  
**STRIDEPOINT, LLC**



Principal Place of Business  
**315 WEST COURT STREET  
DYERSBURG, TN 38024**

Mailing Address  
**10730 NORTH 56TH STREET  
SUITE 204  
TAMPA, FL 33617**

**DO NOT WRITE IN THIS SPACE**



04132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1377675**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SNAPP, TODD  
10730 N. 56TH STREET SUITE 204  
TAMPA, FL 33617**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HASTINGS, ANNETTA  
625 LAURA LANE  
DYERSBURG, TN 38024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OWEN, SCOTT  
510 VIAR RD.  
DYERSBURG, TN 38024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SNAPP, TODD  
6009 SOARING AVE  
TAMPA, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BENNETT, BRENT  
9219 KINGSRIDGE DR  
TAMPA, FL 33637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

**4/14/06**

Date

**813.386.1996**

Daytime Phone #