

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029678

**Entity Name:** ONPOINT MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

15323 NW 14 ROAD  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

15323 NW 14 ROAD  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 42-1699413

**Certificate of Status Desired:** No

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

ALPHONSE, AWENS  
15323 NW 14 ROAD  
PEMBROKE PINES, FL 33028 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:** AWENS ALPHONSE

07/09/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ALPHONSE, AWENS  
Address       15323 NW 14 ROAD  
City-State-Zip: PEMBROKE PINES FL 33028

Title           MANAGER  
Name           ALPHONSE, LUSENY  
Address       15323 NW 14 ROAD  
City-State-Zip: PEMBROKE PINES FL 33028

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AWENS ALPHONSE

MANAGER

07/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date