

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000086650

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

**Current Principal Place of Business:**

1805 JAMES REDMAN PARKWAY  
SUITE 202  
PLANT CITY, FL 33563

**Current Mailing Address:**

1805 JAMES REDMAN PARKWAY  
SUITE 202  
PLANT CITY, FL 33563 US

**FEI Number:** 45-5607662

**Certificate of Status Desired:** Yes

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

BULLARD, KIMBERLY J  
6205 ROCK ROAD  
PLANT CITY, FL 33565 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:** KIMBERLY J. BULLARD

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BULLARD, KIMBERLY J  
Address 6205 ROCK ROAD  
City-State-Zip: PLANT CITY FL 33565

Title MGR  
Name BULLARD, ALICE M  
Address 6205 ROCK ROAD  
City-State-Zip: PLANT CITY FL 33565

Title MGR  
Name BULLARD, JOSHUA S  
Address 6205 ROCK ROAD  
City-State-Zip: PLANT CITY FL 33565

*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:** KIMBERLY BULLARD

MANAGER

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date