

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000117222

**Entity Name:** CENTERPOINT CONSULTING OF FLORIDA, LLC

**Current Principal Place of Business:**

4140 NW 27TH LN  
E  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4140 NW 27TH LN  
E  
GAINESVILLE, FL 32606 US

**FEI Number:** 82-1764706

**Certificate of Status Desired:** No

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

SHERMAN, LINDA G  
501 SW 75TH STREET  
UNIT J14  
GAINESVILLE, FL 32607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHERMAN, LINDA G  
Address 501 SW 75TH STREET, UNIT J14  
City-State-Zip: GAINESVILLE FL 32607

*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:** LINDA G SHERMAN

**MANAGER**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date