

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000121390

**Entity Name:** CROSSPOINT MEDICAL, LLC

**Current Principal Place of Business:**

1111 OAKFIELD DRIVE  
SUITE 114  
BRANDON, FL 33511

**Current Mailing Address:**

8051 NORTH TAMIAMI TRAIL  
SUITE E6  
SARASOTA, FL 34243 US

**FEI Number:** 85-1009259

**Certificate of Status Desired:** No

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

CINDY'S FLORIDA LLC  
8051 N TAMIAMI TRAIL  
SUITE E6  
SARASOTA, FL 34243 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            AMBR  
Name            IMPACT ASSOCIATES, LLC  
Address        120 MADEIRA DR NE, SUITE 220  
City-State-Zip: ALBUQUERQUE NM 87108

*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:** CYNTHIA DAVIES

**MANAGER**

**03/01/2022**

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

\_\_\_\_\_  
Date