

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000040985

Entity Name: CONNECTION MINISTRIES OF SOUTH FLORIDA, LLC**Current Principal Place of Business:**17071 NW 23RD STREET
PEMBROKE PINES, FL 33028**Current Mailing Address:**17071 NW 23RD STREET
PEMBROKE PINES, FL 33028**FEI Number:** 46-2494195**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONN, MARK W
17071 NW 23RD STREET
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	CONN, MARK W
Address	17071 NW 23RD STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	MGRM
Name	CARASCO, SORAYA
Address	19421 NW 2ND STREET
City-State-Zip:	PEMBROKE PINES FL 33029

Title	MGRM
Name	WOOD, DAVID A
Address	6686 NW 32ND STREET
City-State-Zip:	MARGATE FL 33063

Title	MGRM
Name	WEHN, TODD A
Address	6661 SEGOVIA CIRCLE NORTH
City-State-Zip:	PEMBROKE PINES FL 33331

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: MARK W. CONN**MGR****04/30/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date