

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000111150

Entity Name: OUR FAITH NET, LLC**Current Principal Place of Business:**4110 66TH PLACE EAST
SARASOTA, FL 34243**Current Mailing Address:**4110 66TH PLACE EAST
SARASOTA, FL 34243**FEI Number:** 46-3353939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, ISIDRA
4110 66TH PLACE
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	MGRM
Name	RIVERA, ISIDRA
Address	4110 66TH PLACE
City-State-Zip:	SARASOTA FL 34243

Title	MGRM
Name	BUSINESS STRATEGIES CORP.
Address	1301 6TH AVENUE WEST, SUITE 401
City-State-Zip:	BRADENTON FL 34205

Title	MGRM
Name	PULINARIO, NIYRA
Address	1301 6TH AVENUE WEST, SUITE 401
City-State-Zip:	BRADENTON FL 34205

Title	MGRM
Name	NOUEL, GRACE
Address	4110 66TH PLACE EAST
City-State-Zip:	SARASOTA FL 34243

Title	MEMBER
Name	FARROW, JUSTIN P.
Address	2411 W. STATE ST.
City-State-Zip:	TAMPA FL 33609-1780

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: STEVEN WHITE**MANAGER****04/24/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date