

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000519500

**Entity Name:** FAITHFLYER MANAGEMENT, LLC

**Current Principal Place of Business:**

6440 SOUTHPOINT PARKWAY  
SUITE 320  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6440 SOUTHPOINT PARKWAY  
SUITE 320  
JACKSONVILLE, FL 32216 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FENNER, MATT  
6440 SOUTHPOINT PARKWAY  
SUITE 320  
JACKSONVILLE, FL 32216 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:** MATT FENNER

04/11/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CAPLIN FAMILY OFFICES, INC.  
Address 6440 SOUTHPOINT PARKWAY  
SUITE 320  
City-State-Zip: JACKSONVILLE FL 32216

*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:** CAPLIN FAMILY OFFICES, INC.

MGR

04/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date