


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90037 027 ****50.00

DOCUMENT # L03000042028 1. Entity Name LORI FAISON INTERIORS, LLC					
Principal Place of Business 433 BUNKERS COVE ROAD PANAMA CITY, FL 32401			Mailing Address 433 BUNKERS COVE ROAD PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAISON, LORI 433 BUNKERS COVE ROAD PANAMA CITY, FL 32401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAISON, LORI 433 BUNKERS COVE ROAD PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <i>Lori L. Faison</i>			Date: <i>4.19.05</i> (850) 913-1905		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT
Division of Corporations
2005 Annual Report

40062624

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L03000042028
Business Entity Name	LORI FAISON INTERIORS, LLC
Original File Date	10/28/2003

FEI Number 20-0078310

Principal Address 433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

Mailing Address 433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

Registered Agent LORI FAISON
433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

Managing Member/Manager Name And Address

MGRM
LORI FAISON
433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

Sunbiz Home Page

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