

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000034971

Entity Name: WINGS OF FAITH, L.L.C.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

208 KRIDER ROAD  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2584  
SANFORD, FL 327722584 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

BLOY, GRAHAM  
208 KRIDER ROAD  
SANFORD, FL 32773 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLOY, GRAHAM P  
Address: 4600 CHIPPEWA / SUITE 310  
City-St-Zip: ST. LOUIS, MO 63116 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GRAHAM BLOY

MGR

04/19/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date