


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000032360 1. Entity Name FAITH.NDT LLC	
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Principal Place of Business 414 SE DEFENDER DRIVE LAKE CITY, FL 32025	Mailing Address 414 SE DEFENDER DRIVE LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2403891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BONE, CHARLES A 414 SE DEFENDER DRIVE LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONE, CHARLES A 414 SE DEFENDER DRIVE LAKE CITY, FL 32025
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05/09/07-80113-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cham* **4.22.07** **386-961-8176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #