

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087161

FILED
May 01, 2012
Secretary of State

Entity Name: FAULKNER AND WASHINGTON GROUP, LLC

Current Principal Place of Business:

128 SEA DUCK CIRCLE EAST
DAYTONA BEACH, FL 321119

New Principal Place of Business:

1648 TAYLOR ROAD
SUITE 427
PORT ORANGE, FL 32128

Current Mailing Address:

128 SEA DUCK CIRCLE EAST
DAYTONA BEACH, FL 321119

New Mailing Address:

1648 TAYLOR ROAD
SUITE 427
PORT ORANGE, FL 32128

FEI Number: 20-4505976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, CRAIG S
128 SEA DUCK CIRCLE EAST
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

NEAL, CRAIG S
1648 TAYLOR ROAD
SUITE 427
PORT ORANGE, FL 32128 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: CRAIG S. NEAL

05/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NEAL, CRAIG S
Address: 1648 TAYLOR ROAD
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM
Name: DIANE LAPHAM
Address: 301 FAULKNER ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM
Name: DUKE, VICKI
Address: 301 FAULKNER ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM
Name: DIAMOND LEVEL SERVICE LLC
Address: 301 FAULKNER ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM
Name: LAPHAM, SANDRA C MD
Address: 301 FAULKNER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168 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: CRAIG S NEAL

MGR

05/01/2012

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