

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90058 027 \*\*\*\*50.00

**DOCUMENT # L05000115312**

1. Entity Name  
**FAITHFUL HUANG, LLC**



Principal Place of Business  
**2702 W. ATLANTA BLVD.  
POMPANO BEACH, FL 33069**

Mailing Address  
**2702 W. ATLANTA BLVD.  
POMPANO BEACH, FL 33069**

2. Principal Place of Business  
**9355 S.W. 8th St.,  
Suite, Apt. #, etc. Apt. # 209**

3. Mailing Address  
**9355 S.W. 8th St.,  
Suite, Apt. #, etc. Apt. # 209**

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**→ 20-3878345** Applied For  
Not Applicable

City & State  
**Boca Raton**

City & State  
**Boca Raton**

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

Zip  
**33428** Country

Zip  
**33428** Country

**6. Name and Address of Current Registered Agent**

**HUANG, CHU FENG  
9355 S.W. 8TH STREET, #209  
BOCA RATON, FL 33428**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUANG, CHU FENG 9355 S.W. 8TH STREET, #209 BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:**

*X CHU FENG*

*4/11/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #