

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011534

FILED
Mar 30, 2009
Secretary of State

Entity Name: FAITH ASSOCIATES,LLC.,

Current Principal Place of Business:

10606 GRAND RIVIERE DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10606 GRAND RIVIERE DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 75-3208648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGHESE, JAMES
10606 GRAND RIVIERE DR
TAMPA, FL 33647 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: MGR () Delete
Name: VARGHESE, JAMES
Address: 10606 GRAND RIVIERE DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: GEORGE, KASEY
Address: POST BOX #2704
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: VARGHESE, SHERLY
Address: 10606 GRAND RIVIERE DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: GEORGE, SHIRLEY
Address: POST BOX #2704
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: SAMUEL, AMMINI
Address: 1604 ACORN SEED COURT
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES VARGHESE

MGR

03/30/2009

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