

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000011534

**FILED**  
**Jan 20, 2010**  
**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  
Name: VARGHESE, JAMES  
Address: 10606 GRAND RIVIERE DR  
City-St-Zip: TAMPA, FL 33647

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

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

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

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

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:** JAMES VARGHESE

MGRM

01/20/2010

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