

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033509

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: LUV & FAITH SERVICES, LLC

**Current Principal Place of Business:**

1826 FLORENCE VISTA BLVD  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

8879 W. COLONIAL DR  
SUITE 231  
OCOE, FL 34761 US

**New Mailing Address:**

8879 W. COLONIAL DR  
SUITE 141  
OCOE, FL 34761 US

FEI Number: 20-4603827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HART, LUVENIA  
1826 FLORENCE VISTA BLVD  
ORLANDO, FL 32818 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: MGRM ( ) Delete  
Name: HIXON, ERICA  
Address: PO BOX 1230  
City-St-Zip: CREEDMOOR, NC 27522 US

Title: MGRM ( ) Delete  
Name: HART, LUVENIA  
Address: 1826 FLORENCE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32818 US

**ADDITIONS/CHANGES:**

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 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: ERICA HIXON

MGRM

04/21/2007

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