

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064576

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** FAITH LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

C/O BLUE HORIZONS  
616 W. EVERGREEN CT.  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUE HORIZONS  
616 W. EVERGREEN CT.  
LONGWOOD, FL 32750 US

**New Mailing Address:**

FEI Number: 59-3177198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARSEN, GARY C SR.  
1863 POINCIANA RD  
WINTER PARK, FL 32792 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: P  
Name: LARSON, GARY L SR.  
Address: 616 W. EVERGREEN CT.  
City-St-Zip: LONGWOOD, FL 32750

Title: V  
Name: OLSON, MARTY  
Address: 616 W. EVERGREEN CT.  
City-St-Zip: LONGWOOD, FL 32750

Title: P  
Name: LARSEN, GARY  
Address: 616 W. EVERGREEN CT.  
City-St-Zip: LONGWOOD, FL 32750 US

Title: V  
Name: OLSON, MARTY  
Address: 616 W. EVERGREEN CT.  
City-St-Zip: LONGWOOD, FL 32750 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: GARY C LARSEN SR

PRES

02/17/2011

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