

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064576

FILED
Apr 17, 2012
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 C 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 P 04/17/2012

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