

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075188

FILED
Apr 17, 2009
Secretary of State

Entity Name: WOMEN OF FAITH INVESTMENT LLC

Current Principal Place of Business:

10401 N.W. 22 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

383 NE 191 STREET
#101
MIAMI, FL 33179

New Mailing Address:

P.O. BOX 29012
DAVIE, FL 33329

FEI Number: 20-5286369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, CAMILLE D
10401 N.W. 22 AVENUE
MIAMI, FL 33147 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: WASHINGTON, CAMILLE D
Address: 10401 N.W. 22 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: MGR () Delete
Name: JOHNSON, TAMEIKA D
Address: 10401 N.W. 22 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: MGR () Delete
Name: SMITH, OCTAVIA V
Address: 7481 N.W. 33 STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SMITH, OCTAVIA V
Address: 154 TONY CIRCLE
City-St-Zip: ROCKY MOUNT, NC 27801

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: CAMILLE WASHINGTON

MGR

04/17/2009

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