


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90087 012 ****50.00

DOCUMENT # L06000078920	
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1. Entity Name FAITH HOLDINGS, LLC	Principal Place of Business 18027 PALM BREEZE DRIVE TAMPA, FL 33647	Mailing Address 18027 PALM BREEZE DRIVE TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5374464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES																
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Robert Reed</u> 1/23/07 813-866-1438
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>