

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099129

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** FAITH HOUSE ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

335 FOSTER COVE  
CHULUOTA, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

290 STONER RD  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 20-5721235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRERO, IRIS  
10788 SATINWOOD CIRCLE  
ORLANDO, FL 32825 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: DURAND, MARY  
Address: 290 STONER RD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: DURAND, CARLOS  
Address: 290 STONER RD  
City-St-Zip: WINTER SPRINGS, FL 32708 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 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: CARLOS DURAND

MGRM

03/23/2009

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