

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099129

**FILED**  
**Feb 12, 2010**  
**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  
**Name:** DURAND, MARY  
**Address:** 290 STONER RD  
**City-St-Zip:** WINTER SPRINGS, FL 32708 US

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

MGRM

02/12/2010

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