

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90031 038 \*\*\*138.75

**DOCUMENT # L07000008606**



1. Entity Name  
**FAITH FILLED GIFTS LLC**

Principal Place of Business  
**2231 TRESPOTT DRIVE  
TALLAHASSEE, FL 32308**

Mailing Address  
**2231 TRESPOTT DRIVE  
TALLAHASSEE, FL 32308**

**60038813**



2. Principal Place of Business - No P.O. Box #

**3736 IVY GREEN TRAIL**

Suite, Apt. #, etc.

3. Mailing Address

**3736 IVY GREEN TRAIL**

Suite, Apt. #, etc.

05022008 Chg-LLC CR2E083 (12/06)

City & State  
**TALLAHASSEE FL**

City & State  
**TALLAHASSEE FL**

4. FEI Number  
**14-1987399**

Applied For  
☐ Not Applicable

Zip  
**32311**

Country  
**USA**

Zip  
**32311**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102**

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

*Kimberly Myatt*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**4-28-08**

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MYATT, KIMBERLY**  
STREET ADDRESS **2231 TRESPOTT DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MYATT, KIMBERLY**  
STREET ADDRESS **3736 IVY GREEN TRAIL**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Kimberly Myatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-28-08**

Date

**850-590-2913**

Daytime Phone #