# FILED
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# Secretary of State
03-03-2008 90401 046 ***143.75

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## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000052613

1. Entity Name
FAITH INVESTMENT SVCS, LLC

30003047

01242008 Chg-LLC CR2E083 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 11400 CISCO GARDENS RD SOUTH<br>JACKSONVILLE, FL 32219 | 11400 CISCO GARDENS RD SOUTH<br>JACKSONVILLE, FL 32219 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country ~~DUVA~~ USA | Zip / Country USA |

4. FEI Number 87-0803554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| A1A REGISTERED AGENT, INC.<br>92 SADBERRY ROAD<br>QUINCY, FL 32351 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

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

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM Sheryl<br>STARLING, ~~CHERYL~~ LYNN<br>11400 CISCO GARDENS RD SOUTH<br>JACKSONVILLE, FL 32219 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Starling, Sheryl Lynn ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | APPROVE ☐ Change ☐ Addition<br>Acct. #_____ Amt. _____<br>Acct. #_____ Amt. _____ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Sheryl Lynn Starling 2/28/08 (904) 766-3527
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #