

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004036

Entity Name: FAITH FILMS, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3400 PONCE DE LEON BLVD.  
B  
CORAL GABLES, FL 33134 US

## **New Principal Place of Business:**

3250 NE 1ST AVENUE APT. #518  
MIAMI, FL 33137 US

## **Current Mailing Address:**

3400 PONCE DE LEON BLVD.  
B  
CORAL GABLES, FL 33134 US

## **New Mailing Address:**

3250 NE 1ST AVENUE APT. #518  
MIAMI, FL 33137 US

FEI Number: 26-1779185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REBECCA, ROVIROSACAPOTE  
3400 PONCE DE LEON BLVD.  
#B  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

REBECCA, ROVIROSACAPOTE MRS.  
3250 NE 1ST AVENUE APT. #518  
MIAMI, FL 33137 US

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: REBECCA CAPOTE

04/21/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAPOTE, ANTHONY MR.  
Address: 3250 NE 1ST AVENUE APT. #518  
City-St-Zip: MIAMI, FL 33137 US

Title: MGR  
Name: ROVIROSA-CAPOTE, REBECCA MRS.  
Address: 3250 NE 1ST AVENUE APT. #518  
City-St-Zip: MIAMI, FL 33137 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: REBECCA CAPOTE

MGR

04/21/2011

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