2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# L08000043109

Entity Name: FAITH LIVED LLC

Current Principal Place of Business:

3370 BEAU RIVAGE DRIVE H3
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3370 BEAU RIVAGE DRIVE H3
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 22-3978833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

URSULA, MCGUIRE
3370 BEAU RIVAGE DR H3
POMPANO BEACH, FL 33064 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: URSULA MCGUIRE 05/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCGUIRE, URSULA
Address: 3370 BEAU RIVAGE DRIVE H3
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete
Name: MCGUIRE, URSULA
Address: 3370 BEAU RIVAGE DRIVE H3
City-St-Zip: POMPANO BEACH, FL 33064

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: URSULA MCGUIRE MRS 05/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date