

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052362

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** FAITH LUNCH "LLC."

**Current Principal Place of Business:**

936 SOUTH HIGHWAY #1  
N/A  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SW CHARI AVE  
N/A  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

STREETE, HILDA M  
1500 SW CHARI AVE  
N/A  
PORT SAINT LUCIE, FL 34953 US

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

STREETE, HILDA M OWNER  
1500 SW CHARI AVE  
N/A  
PORT SAINT LUCIE, FL 34953 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: HILDA STREETE

03/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STREETE, HILDA M OWNER  
Address: 1500 SW CHARI AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 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: HILDA STREETE

MGR

03/25/2012

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