

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000083440

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** FAITH DELIVERANCE DEVELOPMENT CENTER, LLC

**Current Principal Place of Business:**

1107 N.W. 6TH ST.  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1107 N.W. 6TH ST.  
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 27-0843815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAXWELL, TERRY  
1107 N.W. 6TH ST.  
FT. LAUDERDALE, FL 33311 US

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

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:** TERRY MAXWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MAXWELL, TERRY  
**Address:** 1107 N.W. 6TH ST.  
**City-St-Zip:** FT. LAUDERDALE, FL 33311

**Title:** MGR  
**Name:** MAXWELL, AUDREY  
**Address:** 1107 N.W. 6TH ST.  
**City-St-Zip:** FT. LAUDERDALE, FL 33311

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:** TERRY MAXWELL

MGR

02/03/2012

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