

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031121

Entity Name: BONAFIDE MIRACLES, LLC

FILED  
Feb 24, 2011  
Secretary of State

## Current Principal Place of Business:

221 NORTH HOGAN STREET  
#340  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

1359 WEST 9TH STREET  
JACKSONVILLE, FL 32209 US

## Current Mailing Address:

221 NORTH HOGAN STREET  
#340  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

1359 WEST 9TH STREET  
JACKSONVILLE, FL 32209 US

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

## Name and Address of Current Registered Agent:

FRANCIS, AMANI  
221 NORTH HOGAN STREET  
#340  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

FRANCIS, AMANI  
1359 WEST 9TH STREET  
JACKSONVILLE, FL 32209 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:

02/24/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: FRANCIS, AMANI  
Address: 1359 WEST 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: MGRM  
Name: MOORE, BARBARA  
Address: 1359 WEST 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209 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: AMANI FRANCIS

MS.

02/24/2011

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