

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104922

FILED
Jan 11, 2011
Secretary of State

Entity Name: FAUL'S VERIFICATION SERVICES, LLC

Current Principal Place of Business:

457 NE CAMELOTT DR
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

457 NE CAMELOTT DR
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 27-3663020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUL, MARTHA
457 NE CAMELOTT DR
PORT SAINT LUCIE, FL 34983 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FAUL, MARTHA
Address: 457 NE CAMELOTT DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: MARTHA S. FAUL

MGR

01/11/2011

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