

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104922

**FILED**  
**Jan 04, 2012**  
**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:**

4347 BOGGS STREET  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

457 NE CAMELOTT DR  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

4347 BOGGS STREET  
PORT CHARLOTTE, FL 33948

**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:**

FAUL, MARTHA  
4347 BOGGS STREET  
PORT CHARLOTTE, FL 33948 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:

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FAUL, MARTHA  
Address: 4347 BOGGS STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

01/04/2012

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