

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000001819

1. Entity Name

FAITH AT 97TH AVENUE, L.L.C.



APPROVED FOR **FILED**
Mar 05, 2007 08:00 AM
 REF **Secretary of State**
 DATE: _____
 SIGNATURE: *William A. Bigney*

Principal Place of Business

2000 NORTHWEST 97 AVENUE
 DORAL FL 33172
 US

Mailing Address

PO BOX 228150
 MIAMI FL 33122-8150
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-0912352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAITH, ROBERTO
 2000 NW 97TH AVE
 MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000655204
 03/13/07-80096-024 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME FAITH, ROBERTO
 STREET ADDRESS P.O. BOX 228150
 CITY ST ZIP MIAMI FL 33122-8150

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY ST ZIP

TITLE ☐ Delete
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 CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

ROBERTO FAITH

03/01/07

786-464-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #