

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002640

1. Entity Name

FAISON & ASSOCIATES, LLC



Principal Place of Business

121 WEST TRADE ST., 27TH FLOOR
CHARLOTTE, NC 28202

Mailing Address

121 WEST TRADE ST., 27TH FLOOR
CHARLOTTE, NC 28202

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2230115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAISON, HENRY J
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE MGR
NAME NORWOOD, PHILIP W
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE MGR
NAME JACKSON, ALLEN S JR.
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE VT
NAME POPLIN, CHRIS M
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE AS
NAME FARMER, NANCY L
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE VS
NAME NELSON, SHAWN L
STREET ADDRESS 121 WEST TRADE ST 27TH FLOOR
CITY-ST-ZIP CHARLOTTE, NC 28202

000000599443
01/25/07-80028-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Nancy L. Farmer

NANCY L. FARMER
ASSISTANT SECRETARY

1/9/2007

704-972-2500

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

Date

Daytime Phone #