

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002640

FILED
Jan 06, 2009
Secretary of State

Entity Name: FAISON & ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2230115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: FAISON, HENRY J
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR () Delete
Name: NORWOOD, PHILIP W
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR () Delete
Name: JACKSON, ALLEN S JR.
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: VT () Delete
Name: POPLIN, CHRIS M
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: AS () Delete
Name: MYERS, CYNTHIA T
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

Title: VS () Delete
Name: NELSON, SHAWN L
Address: 121 WEST TRADE ST 27TH FLOOR
City-St-Zip: CHARLOTTE, NC 28202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CYNTHIA T. MYERS

AS

01/06/2009

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