

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065753

Entity Name: SAINTE FAUSTE, LLC

Current Principal Place of Business:

C/O ULLRICH KLAMM DE BETAS
411 WALNUT STREET # 5772
GREEN COVE SPRINGS, FL 32043-3447

Current Mailing Address:

C/O ULLRICH KLAMM DE BETAS
411 WALNUT STREET # 5772
GREEN COVE SPRINGS, FL 32043-3447 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVENUE
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PRESIDENT
Name KLAMM DE BETAS, ULLRICH
Address 411 WALNUT STREET # 5772
City-State-Zip: GREEN COVE SPRINGS FL 32043-3447

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ULLRICH KLAMM DE BETAS

PRESIDENT

01/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date