

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162476

Entity Name: FAITHBRIDGE FLORIDA, LLC

Current Principal Place of Business:

2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

Current Mailing Address:

2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

FEI Number: 38-3943860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGR
Name FAITHBRIDGE FOSTER CARE, INC.
Address 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

Title AR
Name HANCOCK, BILL
Address 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

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: BILL HANCOCK

**AUTHORIZED
REPRESENTATIVE**

03/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date