

**2016 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 PRESIDENT  
Name BRUDER-MATTSON, BOB  
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: TIPHANIE MCAFEE**

**AUTHORIZED PERSON**

**06/08/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date