

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000085114

**Entity Name:** 1529 FAITH LLC

**Current Principal Place of Business:**

224 CASERTA COURT  
NOKONIS, FL 24275

**Current Mailing Address:**

224 CASERTA COURT  
NOKONIS, FL 24275

**FEI Number:** 88-1030495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPOTE, LISA  
1041 SW 75 TERRACE  
PLANTATION, FL 33317 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            AMBR  
Name            CAPOTE, NATALIA  
Address        224 CASERTA COURT  
City-State-Zip: NOKOMIS FL 34275

Title            AMBR  
Name            JARAMILLO, CINDY  
Address        8708 ICE WINE STREET  
City-State-Zip: SARASOTA FL 34238

*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:** CAPOTE , NATALIA

AMBR

01/11/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date