2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT# L02000000369

1. EntityName
THREESISTERSOFTALLAHASSEE,LLC

PrincipalPlaceofBusiness
9006BOBO'LINKCT.
TALLAHASSEE,FL32312

MailingAddress
9006BOBO'LINKCT.
TALLAHASSEE,FL32312

04062005No Chg-LLC CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
04-3638236
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GUZZO,JANICEC
9006BOBO'LINKCT.
TALLAHASSEE,FL32312

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typeordprintednameofregisteredagentanditstitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenins Installing)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HOY,REBECCAS
STREETADDRESS	3752TOMJOHNLANE
CITY-ST-ZIP	TALLAHASSEE,FL32309
TITLE	MGRM
NAME	GUZZO,JANICEC
STREETADDRESS	9006BOBO'LINKCT.
CITY-ST-ZIP	TALLAHASSEE,FL32312
TITLE	MGRM
NAME	CULBRETHPALMER,PATRICIA
STREETADDRESS	8352CHICKASAWTRAIL
CITY-ST-ZIP	TALLAHASSEE,FL32312
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000357591
05/04/05-80080-010 50.00

DO NOT WRITE IN THIS SPACE

11. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Janice C. Guzzo 4-27-05 850-668-0544
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — DaytimePhone#