

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103291

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** SISTERS - HOOD VENTURE "LLC"

**Current Principal Place of Business:**

14 W STEVENS ST.  
ST. PAUL, MN 55107

**New Principal Place of Business:**

**Current Mailing Address:**

14 W STEVENS ST.  
ST. PAUL, MN 55107

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DOWNES, ELEANOR  
3702 CARROLL BROOK RD.  
TAMPA, FL 33618 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KULLA, N.J.  
Address: 14 W STEVENS ST.  
City-St-Zip: ST PAUL, MN 55107

Title: MGR  
Name: KULLA, JOYCE E  
Address: 804 ORANGE ST.  
City-St-Zip: PRESCOTT, WI 54021

Title: MGRM  
Name: KULLA, JUDITH K  
Address: 1318 RAMSEY ST.  
City-St-Zip: HASTINGS, MN 55033

Title: MGRM  
Name: SHEEHAN, DEBORAH L  
Address: 1200 SIBLEY ST  
City-St-Zip: HASTINGS, MN 55033

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** N.J. KULLA

MGR

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date