


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-06-2005 90020 003 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000083143					
1. Entity Name WHAT IF SISTERS, LLC					
Principal Place of Business 2540 NW 105TH LANE SUNRISE, FL 33322 US			Mailing Address 2540 NW 105TH LANE SUNRISE, FL 33322 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1904663	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMMEL, CLAUDETTE 2540 NW 105TH LANE SUNRISE, FL 33322				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Claudette C. Hummel</i>				DATE 4/4/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, CLAUDETTE			NAME	
STREET ADDRESS	2540 NW 105TH LANE			STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33322			CITY - ST - ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, RENEE			NAME	
STREET ADDRESS	2540 NW 105TH LANE			STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33322			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
11. I hereby 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: <i>Claudette C. Hummel</i>				4/4/05 954-956-2367	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

HAT IF SISTERS LLC
10 NW 105TH LN
NRISE FL 33322

1007

63-8376/2670
008

Date

4/1/05

pay to the
order of

Division of Corporation \$ 50.00

fifty dollars and 00/100 Dollars

BankAtlantic

Hollywood
4351 Hollywood Blvd.
Hollywood, FL 33021

Florida's Most Convenient Bank

or Financial Report 2005

[Signature]

ATTACHMENT

GUARANTEE SAFETY BLUE W

3004764
L040 000 8 3143