

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019419

**Entity Name:** 5 SISTERS GROUP, LLC

**Current Principal Place of Business:**

4917 ALVIN DRIVE  
PENSACOLA  
PENSACOLA, FL 32507

**Current Mailing Address:**

4917 ALVIN DRIVE  
PENSACOLA, FL 32507 US

**FEI Number:** 26-2050882

**Certificate of Status Desired:** No

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

JOHNSON, CECIL C  
4917 ALVIN DRIVE  
PENSACOLA, FL 32507 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 JOHNSON, CECIL CPRES.  
Address 4917 ALVIN DRIVE  
City-State-Zip: PENSACOLA FL 32507

Title MGRM  
Name PERSON, JANE VPRES  
Address 2224 VALLE ESCONDIDO  
City-State-Zip: PENSACOLA FL 32526

*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:** CECIL JOHNSON

**PRESIDENT**

**03/03/2016**

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

\_\_\_\_\_  
Date