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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CECIL JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPO)RT

DOCUMENT# L08000019419

Entity Name: 5 SISTERS GROUP, LLC

Current Principal Place of Business:

421W BELMONT STREET PENSACOLA PENSACOLA, FL 32502

Current Mailing Address:

421W BELMONT STREET PENSACOLA, FL 32502

FEI Number: 26-2050882

Name and Address of Current Registered Agent:

JOHNSON, CECIL C 421W BELMONT STREET PENSACOLA, FL 32502 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

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	JOHNSON, CECIL CPRES.	Name	PERSON, JANE VPRES
Address	4917 ALVIN DRIVE	Address	2224 VALLE ESCONDIDO
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32526

Certificate of Status Desired: No

04/01/2013

Date

FILED Apr 01, 2013 Secretary of State CC9319880090

Date