

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103291

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC6871131595**

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

**Current Principal Place of Business:**

575 HUMBOLDT AVE  
ST. PAUL, MN 55107

**Current Mailing Address:**

575 HUMBOLDT AVE.  
ST. PAUL, MN 55107 US

**FEI Number:** 45-1861975

**Certificate of Status Desired:** No

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

DOWNES, ELEANOR  
3702 CARROLL BROOK RD.  
TAMPA, FL 33618 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 KULLA, N.J.  
Address 575 HUMBOLDT AVE  
City-State-Zip: ST PAUL MN 55107

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

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

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

*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:** N.J. KULLA

**MANAGER**

**01/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date