

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000233220

**Entity Name:** SURVIVING SISTERS' GROUP HOME CENTER.LLC

**Current Principal Place of Business:**

7917 CAMDEN WOODS DR  
TAMPA, FL 33619

**Current Mailing Address:**

7917 CAMDEN WOODS DR  
TAMPA, FL 33619 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GREENE, TRINETTE  
7917 CAMDEN WOODS DR  
TAMPA, FL 33619 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	Title	AP
Name	GREENE, TRINETTE	Name	GRACE, SHEREE L
Address	7917 CAMDEN WOODS DR	Address	7405 BONITA VISTA WAY APT.101
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33617
Title	AP		
Name	SMITH, TRINIQUE		
Address	3513 PAVILION PALMS CIRCLE APT #301		
City-State-Zip:	TAMPA FL 33578		

*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:** TRINETTE GREENE

**PRESIDENT**

**03/09/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date