

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000222324

**Entity Name:** SISTERSKLOSETS LLC

**Current Principal Place of Business:**

277 ANCONA AVE  
DEBARY, FL 32713

**Current Mailing Address:**

277 ANCONA AVENUE  
DEBARY, FL 32713 US

**FEI Number:** 85-2171556

**Certificate of Status Desired:** No

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

BURKE, ALLISON  
277 ANCONA AVE  
DEBARY, FL 32713 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	MGR
Name	BURKE, ALLISON	Name	GIBBONS, ANDREA
Address	277 ANCONA AVE	Address	277 ANCONA AVE
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	DEBARY FL 32713

*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:** ALLISON G. BURKE

**OWNER**

**05/03/2021**

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

\_\_\_\_\_  
Date