

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000314677

Entity Name: SISTERLY LOVE SOLUTIONS LLC**Current Principal Place of Business:**2304 JOBBINS DR
APT 1
LEESBURG, FL 34748**Current Mailing Address:**2304 JOBBINS DR
APT 1
LEESBURG, FL 34748 UN**FEI Number:** 85-3513141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSTER, KEISHA M
2304 JOBBINS DR
APT 1
LEESBURG, FL 34748 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:** KEISHA FOSTER

03/13/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	OWNER
Name	FOSTER, KEISHA M
Address	2304 JOBBINS DR APT 1
City-State-Zip:	LEESBURG FL 34748

Title	MGR
Name	JONES , DMAURI K
Address	2304 JOBBINS DR APT 1
City-State-Zip:	LEESBURG FL 34748

Title	MGR
Name	FOSTER, KENIYA M
Address	2304 JOBBINS DR APT 1
City-State-Zip:	LEESBURG FL 34748

Title	MGR
Name	BAILEY, KESHEA M
Address	2304 JOBBINS DR APT 1
City-State-Zip:	LEESBURG FL 34748

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: KEISHA FOSTER

OWNER

03/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date