

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000294514

**Entity Name:** SISTERS BEACH, LLC

**Current Principal Place of Business:**

16783 SE PEAR ST  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

PO BOX 413  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 93-2134260

**Certificate of Status Desired:** No

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

LAYNE, CASSI  
16783 SE PEAR ST  
BLOUNTSTOWN, FL 32424 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 MGMR  
Name LAYNE, CASSI  
Address 16783 SE PEAR ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title MGMR  
Name VOWELL, STACEY  
Address 16783 SE PEAR ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title MGMR  
Name SMITH, KARI  
Address 16783 SE PEAR ST  
City-State-Zip: BLOUNTSTOWN FL 32424

*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:** CASSI LAYNE

MGMR

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date