

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017756

Entity Name: BS SISTERS LLC

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

1815 CORDOVA RD  
# 206  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

1051 NE 4TH AVENUE  
BOCA RATON, FL 33432

## Current Mailing Address:

1815 CORDOVA RD  
# 206  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

1051 NE 4TH AVENUE  
BOCA RATON, FL 33432

FEI Number: 56-2441970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOFFER, PATRICIA J  
1815 CORDOVA RD  
#206  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

SOFFER, PATRICIA J  
3716 NE 208 TERRACE  
AVENTURA, FL 33180 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: PATRICIA J SOFFER

04/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BERGER, KATHRYN A  
Address: 1051 NE 4TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: SOFFER, PATRICIA J  
Address: 3716 NE 208 TERRACE  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KATHRYN ANN BERGER

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date