

ANNUAL REPORT (AR)

DOCUMENT # L05000010070

1. Entity Name

SEVEN SISTERS PROPERTIES, LLC



FILED
Mar 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

4579 SYLVAN DRIVE
ALLISON PARK PA 15101

Mailing Address

4579 SYLVAN DRIVE
ALLISON PARK PA 15101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2270856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SICILIANO, THOMAS V
980 N. FEDERAL HIGHWAY
SUITE 440
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if available

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KERMES, BETTINA
STREET ADDRESS 4579 SYLVAN DR
CITY-STATE-ZIP ALLISON PARK PA 15101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGR ☐ Delete
NAME SULLIVAN, BONNIE
STREET ADDRESS 4373 SARDIS RD
CITY-STATE-ZIP PITTSBURGH PA 15239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: BETTINA KERMES, MGR. Bettina Kermes, mgr.

2/27/07

412-486-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #