## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000118746** 

1. Entity Name OTERO SISTERS, LLC



FILED
May 06, 2008 08:00 AN
Secretary of State

Principal Place of Business

10007 BRADWELL PLACE TAMPA, FL 33626 US Mailing Address

12157 W. LINEBAUGH AVENUE PMB #142

TAMPA, FL 33626 US



04302008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                    | ··········· | Applied For                       | _ |
|----------------------------------|-------------|-----------------------------------|---|
| 51-0562131                       |             | Not Applicabl                     | e |
| 5. Certificate of Status Desired |             | \$5.00 Additional<br>Fee Required |   |

6. Name and Address of Current Registered Agent

DUNLAP, CLARISSA O 2109 MONTICELLO DRIVE · TALLAHASSEE, FL 32303

SIGNATURE AND TYPED OR

## DO NOT WRITE IN THIS SPACE

| 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. |   |  |  |  |
|---|---|--|--|--|
| i io obliga   |   | 4 10 00  |  |  |
| SIGNATURE (Carissa Countap 4.29.08  |   |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |  |  |
| FILE  | ! NOW!!! FEE IS \$138.75  |  |  |  |
|   | / 1, 2008 Fee will be \$538.75  |  |  |  |
|   |   |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |  |  |
| TITLE<br>NAME   | MGR<br>DUNLAP, CLARISSA O   |  |  |  |
| STREET ADDRESS  | 2109 MONTICELLO DRIVE   |  |  |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32303   | U00000948810   |  |  |
| TITLE   | MGR   | 06/03/08-80002-008 138.75  |  |  |
| NAME  | ROGERS, MICHELLE O  |  |  |  |
| STREET ADDRESS  | 10007 BRADWELL PLACE  |  |  |  |
| CITY-ST-ZIP   | TAMPA, FL 33626   |  |  |  |
| TITLE   |   |  |  |  |
| NAME  |   |  |  |  |
| STREET ADDRESS  |   | DO NOT WRITE   |  |  |
| CITY-ST-ZIP   |   | DO NOT WINITE  |  |  |
| TITLE   |   | IN THIS SPACE  |  |  |
| NAME<br>Street address  |   |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |
| TITLE   |   |  |  |  |
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| TITLE   |   |  |  |  |
| NAME  | · 1885年 - 1885年 - 1886年 - 18864 - 188 | g or he to the to  |  |  |
| STREET ADDRESS  |   |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |
| maicaled  | On this report is true and accurate and that my signature speil-bave the same   | emptions contained in Chapter 119, Florida Statutes. I further certify that the information<br>ne 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.   |   |  |  |  |