2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000043630

1. Entity Name
SNYDER SISTERS INVESTMENTS, LLC

Principal Place of Business
103 KETTERING LN
CARY, NC 27511

Mailing Address
103 KETTERING LN
CARY, NC 27511

DO NOT WRITE IN THIS SPACE

03252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4820572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FIGLER, RONALD G ESQ
155 SOUTH OCEAN BOULEVARD
UNIT 132
BOCA RATON, FL 33432

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

SIGNATURE
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
After May 1, 2008 Fee will be $538.75

U000000904796
05/01/08-80027-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KRASH, LOIS SNYDER
STREET ADDRESS	1001 CHERRY HILL DRIVE
CITY-ST-ZIP	PRESTO, PA 15142
TITLE	MGRM
NAME	SNYDER, ROBIN
STREET ADDRESS	103 KETTERING LANE
CITY-ST-ZIP	CARY, NC 27511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Laura Simm 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #