

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055657

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: SPIRITED SISTERS, LLC

## Current Principal Place of Business:

10735 NW 7TH AVENUE,  
SUITE 2  
MIAMI, FL 33168

## New Principal Place of Business:

## Current Mailing Address:

10735 NW 7TH AVENUE,  
SUITE 2  
MIAMI, FL 33168

## New Mailing Address:

FEI Number: 14-1966300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JACKSON, FLORA  
10735 NW 7TH AVENUE,  
SUITE 2  
MIAMI, FL 33168 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: JACKSON, FLORA  
Address: 10735 NW 7TH AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33168

Title: VP ( ) Delete  
Name: GLASS ALDRICH, GALE  
Address: 13035 NW 65TH STREET  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: POWELL, ERICA R  
Address: 1020 NW 39TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete  
Name: LOCKWOOD, BELETA  
Address: 15 NE 193 RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T ( ) Delete  
Name: HARRIS, JOSEPHINE B  
Address: 1120 NW 173RD AVENUE,  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: FS ( ) Delete  
Name: GILLARD, RUDEAN  
Address: 2531 NW 121 STREET  
City-St-Zip: MIAMI, FL 33167

## ADDITIONS/CHANGES:

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

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

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

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

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: FLORA JACKSON

P

03/12/2009

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