

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000115475

FILED
Aug 05, 2008
Secretary of State**Entity Name:** SISTAHS, LLC**Current Principal Place of Business:**2615 FOREST PT CT
JAX, FL 32257**New Principal Place of Business:****Current Mailing Address:**2615 FOREST PT CT
JAX, FL 32257**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANDIFER, ELAINE M
2615 FOREST PT CT
JAX, FL 32257 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: MGR () Delete
Name: MATTOX, KAREN D
Address: PO BOX 1492
City-St-Zip: VENICE, CA 90294Title: MGR () Delete
Name: SANDIFER, ELAINE M
Address: 2615 FOREST PT CT
City-St-Zip: JAX, FL 32257Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: MATTOX, EDITH M
Address: 6910 CRYSTAL LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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: ELAINE M. SANDIFER

MGR

08/05/2008

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