

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 12, 2009
Secretary of State**

DOCUMENT# L08000019419

Entity Name: 5 SISTERS GROUP, LLC

Current Principal Place of Business:

4917 ALVIN DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

4917 ALVIN DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 26-2050882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JAMES W JR
945 WEST MICHIGAN AVE.
SUITE 5B
PENSACOLA, FL 32505 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: JOHNSON, CECIL C PRES.
Address: 4917 ALVIN DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: PERSON, JANE
Address: 2224 VALLE ESCONDIDO
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM (X) Delete
Name: HARLAN, ROBERT
Address: 4917 ALVIN DRIVE
City-St-Zip: PENSACOLA, FL 32507

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:

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: CECIL C. JOHNSON

PRES

11/12/2009

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