

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022546

Entity Name: SISTERSC, LLC

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

390 NORTH ORANGE AVENUE, STE. 1400  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770252  
WINTER GARDEN, FL 34777

**New Mailing Address:**

FEI Number: 26-2096230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, STE. 1400  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LEON, DAVID F  
Address: P.O. BOX 770252  
City-St-Zip: WINTER GARDEN, FL 34777 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: DAVID F. LEON

MGR

04/22/2009

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