

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000025554

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: SISTERS OF THE SPIRIT 1, LLC

**Current Principal Place of Business:**

1111 NW 55TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

17955 NW 18TH AVE  
MIAMI, FL 33127

**Current Mailing Address:**

1111 NW 55TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

17955 NW 18TH AVE  
MIAMI, FL 33127

FEI Number: 26-0210525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROCKER-JOHNSON, BEVERLY  
17955 NW 18TH AVE  
MIAMI, FL 33056 US

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

GADDIST, UThERIA  
17955 NW 18TH AVE  
MIAMI, FL 33056 US

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: UThERIA GADDIST

07/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CROCKER-JOHNSON, BEVERLY  
Address: 17955 NW 18 AVE.  
City-St-Zip: MIAMI, FL 33056

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GADDIST, UThERIA  
Address: 17955 NW 18 AVE.  
City-St-Zip: MIAMI, FL 33056

Title: MGR ( ) Change (X) Addition  
Name: VANASSA, WASHINGTON  
Address: 11140 NW 25TH AVE  
City-St-Zip: MIAMI, FL 33167

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: UThERIA GADDIST

MGRM

07/10/2009

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