

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074912

Entity Name: G.A.B. SISTERS LLC

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4420 ALVAMAR TRAIL  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

4420 ALVAMAR TRAIL  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 30-0498642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBSON, ALEXANDRA  
4420 ALVAMAR TRAIL  
LAKELAND, FL 33801 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  
Name: GIBSON, ALEXANDRA  
Address: 4420 ALVAMAR TRAIL  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM  
Name: RYAN, BETTY  
Address: 27129 PAULA LANE  
City-St-Zip: CONROE, TX 77385

Title: MGRM  
Name: FELDSTEIN, GINA  
Address: 530 W. FLORADORA, #308  
City-St-Zip: FRESNO, CA 93728

I hereby 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: ALEXANDRA GIBSON

MGR

01/12/2010

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