2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L08000100657

Entity Name: "R" SISTERS LLC

Current Principal Place of Business:

2917 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602

New Principal Place of Business:

2197 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602

Current Mailing Address:

2917 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602

New Mailing Address:

2197 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602

FEI Number: 26-3611817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUHLIG, HOLLY C
2917 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

RUHLIG, HOLLY C
2197 VIRGINIA LEE CIRCLE
BROOKSVILLE, FL 34602 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: HOLLY C. RUHLIG 02/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RUHLIG, CHRISTINA A
Address: 24289 CASEY ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM ( ) Delete
Name: RUHLIG, HOLLY C
Address: 2917 VIRGINIA LEE CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: RUHLIG, HOLLY C
Address: 2197 VIRGINIA LEE CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

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: HOLLY C. RUHLIG MGMR 02/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date