

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000111112

FILED
Sep 25, 2009
Secretary of State**Entity Name:** JADE SISTERS, LLC**Current Principal Place of Business:**1331 BRICKELL BAY DRIVE
UNIT 4407
MIAMI, FL 33131**New Principal Place of Business:**1331 BRICKELL BAY DRIVE
UNIT 3407
MIAMI, FL 33131**Current Mailing Address:**1331 BRICKELL BAY DRIVE
UNIT 4407
MIAMI, FL 33131**New Mailing Address:**1331 BRICKELL BAY DRIVE
UNIT 3407
MIAMI, FL 33131**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHAPIN, BALLERANO & CHESLACK
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483 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: MGRM () Delete
Name: BOULOS, MELISSA
Address: 1331 BRICKELL BAY DRIVE, UNIT 4407
City-St-Zip: MIAMI, FL 33131Title: MGR (X) Delete
Name: BOULOS, NASTASIA
Address: 1331 BRICKELL BAY DRIVE, UNIT 4407
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: BOULOS, REGINALD
Address: 1331 BRICKELL BAY DRIVE, UNIT 3407
City-St-Zip: MIAMI, FL 33131Title: () 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: REGINALD BOULOS

MGR

09/25/2009

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