

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067519

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** SISTERS' QUILTING TRUNK, LLC

**Current Principal Place of Business:**

14168 NEW CASTLE AVE  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

14168 NEW CASTLE AVE  
SPRING HILL, FL 34609 US

**New Mailing Address:**

11070 N DEER HILL LANE  
PRESCOTRT, AZ 86305 US

**FEI Number:** 27-0538990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDRIOLE, ANDREA  
14168 NEW CASTLE AVE  
SPRING HILL, FL 34609 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  
**Name:** ANDRIOLE, ANDREA  
**Address:** 14168 NEW CASTLE AVE  
**City-St-Zip:** SPRING HILL, FL 34609 US

**Title:** MGRM  
**Name:** FERRIS, CANDACE  
**Address:** 4237 E FLOGERS  
**City-St-Zip:** PHOENIX, AZ 85050 US

**Title:** MGRM  
**Name:** EDHOLM, CHERYL ANN  
**Address:** 14352 N 136TH LANE  
**City-St-Zip:** SURPRISE, AZ 85379 US

**Title:** MGRM  
**Name:** HOLMES, MARY ANDRA  
**Address:** 11070 N DEER HILL LANE  
**City-St-Zip:** PRESCOTT, AZ 86305 US

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:** ANDREA ANDRIOLE

MGRM

04/01/2011

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