

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034682

**Entity Name:** SISTERLY STAGING LLC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3225 S MACDILL AVE  
SUITE 129 # 138  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3225 S MACDILL AVE  
SUITE 129 # 138  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 27-2220188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LACEY, JENNIFER P  
3615 GRANADA ST.  
TAMPA, FL 33629 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:** LACEY, JENNIFER P  
**Address:** 3615 GRANADA ST.  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGR  
**Name:** JOHNSON, JESSICA L  
**Address:** 603 S MELVILLE AVE APT. 20  
**City-St-Zip:** TAMPA, FL 33606

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:** JENNIFER LACEY

MRS.

02/15/2011

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