

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037398

**Entity Name:** KDSISTERS, LLC

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

591 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

591 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 27-2301904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRIMAN, DEBRA  
591 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233 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: CRIMAN, DEBRA  
Address: 591 SHERRY DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM  
Name: MILLAN, KATHERINE D  
Address: 1823 OAK GROVE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32266 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: DEBRA CRIMAN

MGRM

02/21/2012

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