

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121806

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** SEASIDE SISTERS OF FLORIDA LLC

**Current Principal Place of Business:**

500A CLUB CIRCLE  
LAKESHORE, FL 33854

**New Principal Place of Business:**

**Current Mailing Address:**

500A CLUB CIRCLE  
LAKESHORE, FL 33854

**New Mailing Address:**

**FEI Number:** 27-4030253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCOUNTING & TAX EDGE LLC  
864 1ST ST S  
WINTER HAVEN, FL 33880 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: ALBERTSON, DAVID R  
Address: PO BOX 6201  
City-St-Zip: NALCREST, FL 33856

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: DAVID ALBERTSON

MGRM

01/28/2012

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