

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000007827

1. Entity Name

TALLAHASSEE SISTERS, L.L.C.



Principal Place of Business

2928 WELLINGTON CIRCLE
TALLAHASSEE FL 32309

Mailing Address

2928 WELLINGTON CIRCLE
TALLAHASSEE FL 32309



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3629190

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VISCONTI, FRANK L
2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title (app. 2300)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FRANCES VISCONTI SANDON
STREET ADDRESS 2928 WELLINGTON CIRCLE, SUITE 201
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME 000000020511
STREET ADDRESS 02/18/08-80031-011 138.75
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SCHNEIDER, LISA VISCONTI
STREET ADDRESS 2928 WELLINGTON CIRCLE, SUITE 201
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HAUSER, LORA VISCONTI
STREET ADDRESS 2928 WELLINGTON CIRCLE, SUITE 201
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Frank L. Visconti

Frank L. Visconti

2-6-2008

850668-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Digitized Power