

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007827

FILED
Jan 29, 2009
Secretary of State

Entity Name: TALLAHASSEE SISTERS, L.L.C.

Current Principal Place of Business:

2928 WELLINGTON CIRCLE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2928 WELLINGTON CIRCLE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3629190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCONTI, FRANK L
2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 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 () Delete
Name: FRANCES VISCONTI SAN, DON
Address: 2928 WELLINGTON CIRCLE, SUITE 201
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: SCHNEIDER, LISA VISCONTI
Address: 2928 WELLINGTON CIRCLE, SUITE 201
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: HAUSER, LORA VISCONTI
Address: 2928 WELLINGTON CIRCLE, SUITE 201
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANCES VISCONTI SANDON

MGR

01/29/2009

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