

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083143

**Entity Name:** WHAT IF SISTERS, LLC

**Current Principal Place of Business:**

2540 NW 105TH LANE  
SUNRISE, FL 33322

**Current Mailing Address:**

2540 NW 105TH LANE  
SUNRISE, FL 33322 US

**FEI Number:** 20-1904663

**Certificate of Status Desired:** No

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

HUMMEL, CLAUDETTE  
2540 NW 105TH LANE  
SUNRISE, FL 33322 US

*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

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGRM               | Title           | MGRM               |
| Name            | HUMMEL, CLAUDETTE  | Name            | SUTTON, RENEE      |
| Address         | 2540 NW 105TH LANE | Address         | 2540 NW 105TH LANE |
| City-State-Zip: | SUNRISE FL 33322   | City-State-Zip: | SUNRISE FL 33322   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENEE SUTTON

GM

03/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date