

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000005672

**Entity Name:** MY SISTER'S PLACE, LLC

**Current Principal Place of Business:**

315 58TH STREET, APT A  
HOLMES BEACH, FL 34217

**Current Mailing Address:**

1364 SCHEFFER AVE  
ST. PAUL, MN 55116 US

**FEI Number:** 36-4729165

**Certificate of Status Desired:** No

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

LARDAS, STEVEN  
404 BAY PALMS DRIVE  
HOLMES BEACH, FL 34217 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 MGR  
Name PRICE, MICHAEL  
Address 1364 SCHEFFER AVE.  
City-State-Zip: ST.PAUL MN 55116

Title MGR  
Name PRICE, SUZANNE  
Address 1364 SCHEFFER AVE  
City-State-Zip: ST. PAUL MN 55116

Title MGR  
Name RICO, DONETTE  
Address 45 RUSSELL AVE  
City-State-Zip: MINNEAPOLIS MN 55405

*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:** MICHAEL PRICE

MGR

01/09/2014

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

\_\_\_\_\_ Date