

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000025084

**Entity Name:** SIS-STURS, LLC**Current Principal Place of Business:**17400 NW 46 AVE  
MIAMI GARDENS, FL 33055**Current Mailing Address:**17400 NW 46 AVE  
MIAMI GARDENS, FL 33055 US**FEI Number:** 47-3166879**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS, INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

04/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | STURRUP-BALLARD, ANGELA |
| Address         | 17400 NW 46 AVE         |
| City-State-Zip: | MIAMI GARDENS FL 33055  |

|                 |                          |
|-----------------|--------------------------|
| Title           | AMBR                     |
| Name            | STURRUP-SPENCE, MICHELLE |
| Address         | 17400 NW 46 AVE          |
| City-State-Zip: | MIAMI GARDENS FL 33055   |

*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:** ANGELA STURRUP-BALLARD**MEMBER**

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date