

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000036466

Entity Name: SISTERS 2, LLC

Current Principal Place of Business:

105 W. PLANT STREET
SUITE 3
WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX 4
OCOEE, FL 34761 US

FEI Number: 81-5420623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAXMAN, GAIL B
105 WEST PLANT STREET
SUITE 3
WINTER GARDEN, FL 34787 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 AMBR
Name WAXMAN, GAIL B
Address 105 WEST PLANT STREET, SUITE 3
City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER
Name KINNIE, MYRA
Address 105 W. PLANT STREET
SUITE 3
City-State-Zip: WINTER GARDEN 34787

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: GAIL WAXMAN

AUTHMEMBER

03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date