

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000139133

Entity Name: SIBLING IN LAW INVESTMENTS, LLC**Current Principal Place of Business:**116 NORTH BUENA VISTA AVE
ORLANDO, FL 32835**Current Mailing Address:**116 NORTH BUENA VISTA AVE
ORLANDO, FL 32835**FEI Number:** 82-1966225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOWARD, ALBERT III
9288 CHANDLER DRIVE
GROVELAND, FL 34736 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 | BORDES, MARVINS |
| Address | 116 NORTH BUENA VISTA AVE |
| City-State-Zip: | ORLANDO FL 32835 |

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|-----------------|---------------------------|
| Title | AMBR |
| Name | BORDES, MYKAILA S |
| Address | 116 NORTH BUENA VISTA AVE |
| City-State-Zip: | ORLANDO FL 32835 |

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|-----------------|---------------------|
| Title | AMBR |
| Name | HOWARD, ALBERT III |
| Address | 9288 CHANDLER DRIVE |
| City-State-Zip: | GROVELAND FL 34736 |

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|-----------------|---------------------|
| Title | AMBR |
| Name | HOWARD, DEVONDRA |
| Address | 9288 CHANDLER DRIVE |
| City-State-Zip: | GROVELAND FL 34736 |

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: ALBERT HOWARD III**MEMBER****02/11/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date