

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000080118

**Entity Name:** CHESTER L SANDERS & COMPANY LLC**Current Principal Place of Business:**5847 LISKA DRIVE  
JACKSONVILLE, FL 32244**Current Mailing Address:**5847 LISKA DRIVE  
JACKSONVILLE, FL 32244**FEI Number:** 16-1723932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, CHESTER L  
5847 LISKA DRIVE  
JACKSONVILLE, FL 32244 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	SANDERS, KUMAR E
Address	3110 GRANDVILLE AVE APT 101
City-State-Zip:	WAUKEGAN IL 60085

Title	MGR
Name	SANDERS, HAKON R
Address	5847 LISKA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	MGR
Name	JOHNSON, QUANDRA Q
Address	5847 LISKA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	CHAIRMAN
Name	SANDERS, CHESTER LADEL
Address	5847 LISKA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

*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:** CHESTER L. SANDERS

CHAIRMAN

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date