

2016 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:**4326 SHERMAN HILLS PKWY N
JACKSONVILLE, FL 32210 US**FEI Number:** 16-1723932**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANDERS, CHESTER L
4326 SHERMAN HILLS PKWY N
JACKSONVILLE, FL 32210 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	3110 GRANDVILLE 101
City-State-Zip:	WAUKEGAN IL 60085

Title	AUTHORIZED REPRESENTATIVE
Name	SANDERS, CHESTER LADEL
Address	4326 SHERMAN HILLS PKWY N
City-State-Zip:	JACKSONVILLE FL 32210

Title	MGR
Name	JOHNSON, QUANDRA Q
Address	4326 SHERMAN HILLS PKWY N
City-State-Zip:	JACKSONVILLE FL 32210

Title	CHAIRMAN
Name	SANDERS, CHESTER LADEL
Address	4326 SHERMAN HILLS PKWY N
City-State-Zip:	JACKSONVILLE FL 32210

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

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date