

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000573

1. Entity Name

SANDRA L. SIMMONS, LLC



Principal Place of Business

9191 SPRING HILL DRIVE  
SPRING HILL, FL 34608

Mailing Address

9191 SPRING HILL DRIVE  
SPRING HILL, FL 34608



03212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1065967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, SANDRA L  
9191 SPRING HILL DRIVE  
SPRING HILL, FL 34608

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMMONS, SANDRA L
STREET ADDRESS	9191 SPRING HILL DRIVE
CITY - ST - ZIP	SPRING HILL, FL 34608

TITLE	
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1000000485902  
04/13/06-30015-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Sandra L. Simmons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/28/06 352-666-6292  
Date Daytime Phone #