


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # L01000000573 1. Entity Name SANDRA L. SIMMONS, LLC |  |
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| Principal Place of Business 9191 SPRING HILL DRIVE SPRING HILL, FL 34608 | Mailing Address 9191 SPRING HILL DRIVE SPRING HILL, FL 34608 |
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04022007No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-1065967 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMMONS, SANDRA L 9191 SPRING HILL DRIVE SPRING HILL, FL 34608 |
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 04/25/07-80029-012 50.00

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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* 4-13-07 43525851208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #