

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90156 008 \*\*\*\*50.00

DOCUMENT # L02000032864

1. Entity Name

THE SANCTUARY, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1107 E Silver Springs Blvd

3. Mailing Address

7974 S.E. 12<sup>th</sup> Circle

Suite, Apt. #, etc.

Suite # 8

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala, FLA

City & State

Ocala, FLA

4. FEI Number

54-2084606

Applied For

Not Applicable

Zip

34470

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Melissa Benton

Street Address (P.O. Box Number is Not Acceptable)

11521 S.E. 13<sup>th</sup> St Rd

Silver Springs, FL

34488

City

FL

Zip Code

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.

LAN ANDREWS  
7974 S.E. 12<sup>th</sup> Circle  
Ocala, FLA 34480

San Andrews

2-25-03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR.  
LAN ANDREWS  
7974 S.E. 12<sup>th</sup> Circle  
Ocala, FLA 34480

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

San Andrews

2-25-03

352-867-1725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)