

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90242 001 ***150.00

DOCUMENT # L04000006239

1. Entity Name
SANDERS BROTHERS REAL ESTATE COMPANY, LLC



Principal Place of Business
**750 NORTH HWY 1792
LONGWOOD, FL 32750**

Mailing Address
**935 LONGDALE AVE
LONGWOOD, FL 32750**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

133 E CHURCH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007

Chg-LLC

CR2E083 (12/06)



City & State

City & State

LONGWOOD, FL

4. FEI Number

20-0634542

Applied For

Not Applicable

Zip

Country

Zip

32750

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, BOBBY J JR
750 NORTH HWY 1792
LONGWOOD, FL 32750**

Name

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE VP ☐ Delete
NAME SANDERS, JR, BOBBY J
STREET ADDRESS 1824 MARSHALL DRIVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE P ☐ Delete
NAME SANDERS, DARRON
STREET ADDRESS 2350 SPRING GARDEN AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

BOBBY J. SANDERS, JR.

Date

Daytime Phone #

3-19-07 407-831-4494