

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90008 019 ***138.75

DOCUMENT # L04000006239

1. Entity Name
SANDERS BROTHERS REAL ESTATE COMPANY, LLC



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

Mailing Address
**133 EAST CHURCH AVE
LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0634542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANDERS, JR, BOBBY J 1824 MARSHALL DRIVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDERS, DARRON 2350 SPRING GARDEN AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____

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

BOBBY SANDERS JR 4-11-08 407-831-4494

Date

Daytime Phone #