

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L04000041184

1. Entity Name
RED ANDERS L.L.C.



Principal Place of Business
**4550 SCHOONER DRIVE
NORTH CAPTIVA ISLAND, FL 33924**

Mailing Address
**P.O. BOX 978
SANIBEL, FL 33957**



04082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0541410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERS, KRISTIE
4550 SCHOONER DRIVE
NORTH CAPTIVA ISLAND, FL 33924**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ANDERS, WILTON
4550 SCHOONER DR
NORTH CAPTIVA ISLAND, FL 33924**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ANDERS, KRISTIE
4550 SCHOONER DR
NORTH CAPTIVA ISLAND, FL 33924**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000699138
04/19/07-80030-019 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: _____

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

Kristie Anders
Kristie Anders

4/9/07
4/9/07

Date

239-472-2329, 203
239-472-9750
239-472-2329, 203
239-472-9750

Daytime Phone #