

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041184

Entity Name: RED ANDERS L.L.C.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4550 SCHOONER DRIVE  
NORTH CAPTIVA ISLAND, FL 33924

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 978  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 51-0541410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANDERS, WILTON  
Address: 4550 SCHOONER DR  
City-St-Zip: NORTH CAPTIVA ISLAND, FL 33924

Title: MGRM  
Name: ANDERS, KRISTIE  
Address: 4550 SCHOONER DR  
City-St-Zip: NORTH CAPTIVA ISLAND, FL 33924

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTIE ANDERS

MGRM

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date