

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-24-2008 90008 013 ***138.75

DOCUMENT # L05000005047

1. Entity Name
SANDERS BROTHERS LONGWOOD PROPERTY, LLC



Principal Place of Business
**750 N. HWY 17-92
LONGWOOD, FL 32750**

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

60027568



03132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**STANLEY, NORMA
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. I hereby certify that 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	VP
NAME	SANDERS, JR. BOBBY J
STREET ADDRESS	1824 MARSHALL DR
CITY- ST- ZIP	LONGWOOD, FL 32750
TITLE	P
NAME	SANDERS, DARRON
STREET ADDRESS	2350 SPRING GARDEN AVE
CITY- ST- ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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

Date

4-11-08

Daytime Phone #

407-831-4444