

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046113

FILED  
Sep 06, 2008  
Secretary of State

**Entity Name:** SANDERS MOBILE HOME REPAIR LLC

**Current Principal Place of Business:**

2995 SHEFFIELD DRIVE  
BONIFAY, FL 32425

**New Principal Place of Business:**

1466 HWY 177  
BONIFAY, FL 32425

**Current Mailing Address:**

2995 SHEFFIELD DRIVE  
BONIFAY, FL 32425

**New Mailing Address:**

2995 SHEFFIELD DRIVE  
BONIFAY, FL 32425 US

FEI Number: 20-4820760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SANDERS, DAVID W  
2995 SHEFFIELD DR  
BONIFAY, FL 32425 US

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

SANDERS SUPPLIES LLC  
1466 HWY 177  
BONIFAY, FL 32425 US

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: TINA C. DEAN

09/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANDERS, DAVID W  
Address: 2995 SHEFFIELD DRIVE  
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SANDERS, TINA C  
Address: 2995 SHEFFIELD DRIVE  
City-St-Zip: BONIFAY, FL 32425 US

Title: MGRM ( ) Change (X) Addition  
Name: DEAN, EDWIN L  
Address: 1818 HWY 79 NORTH  
City-St-Zip: BONIFAY, FL 32425 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TINA C. SANDERS

MGR

09/06/2008

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