


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90051 017 ***538.75

DOCUMENT # L07000050094		
1. Entity Name ZANDER, LLC		

Principal Place of Business 2390 NW 23RD BLVD. JENNINGS, FL 32053 US	Mailing Address 2390 NW 23RD BLVD. JENNINGS, FL 32053 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0150101

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAS, SANTA F
2390 NW 23RD BLVD.
JENNINGS, FL 32053

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAS, SANTA F 2390 NW 23RD BLVD. JENNINGS, FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Santa F. Deas 9-15-B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
LAW OFFICES
COLEMAN TALLEY LLP

50008551

RICHARD L. COLEMAN

910 NORTH PATTERSON STREET
VALDOSTA, GEORGIA 31601
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ESTABLISHED 1937

ATLANTA OFFICE

7000 CENTRAL PARKWAY, N.E.
SUITE 1150
ATLANTA, GA 30328
TELEPHONE (770) 698-9556
FACSIMILE (770) 698-9729

July 15, 2008

Florida Department of State
Corporations Division
Attn: Tammy Hampton
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Annual Report for Zander, LLC
(Document #L07000050094)

Dear Ms. Hampton:


Enclosed herewith ~~please find~~ the following:

- 1) 2008 Limited Liability Company Annual Report for Zander, LLC;
- 2) Our Firm Ck# 47913 in the amount of \$538.75 for filing fee; and
- 3) Copy of Letter from Florida Department of State dated March 25, 2008.

Per your conversation with my assistant on Monday, July 14th, I am enclosing the copy of the letter per your request. Also, the refund amount of \$155.00 should be made payable to Coleman Talley LLP and sent to the attention of Richard L. Coleman. This will ensure proper posting of the check.

Should you have any questions or concerns, please do not hesitate to contact me at the number listed above.

Very truly yours,


Richard L. Coleman

Enclosures
RLC/dw