

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000016280

**Entity Name:** T & J SANDERS, LLC

**FILED**  
**Oct 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5765 N.W. 110TH STREET  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

5765 N.W. 110TH STREET  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 26-4297381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, TOMMIE W  
5765 N.W. 110TH STREET  
OCALA, FL 34482 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:** TOMMIE W SANDERS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SANDERS, TOMMIE W  
**Address:** 5765 N.W. 110TH STREET  
**City-St-Zip:** Ocala, FL 34482

**Title:** MGR  
**Name:** SANDERS, JENNIFER A  
**Address:** 5765 N.W. 110TH STREET  
**City-St-Zip:** Ocala, FL 34482

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:** TOMMIE W SANDERS

MGR

10/25/2011

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