

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109920

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** LAURIE C SANDERS MSN ARN LLC

**Current Principal Place of Business:**

3480 SOUTHERN ORCHARD RD E  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3480 SOUTHERN ORCHARD RD E  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SANDERS, LAURIE C  
3480 SOUTHERN ORCHARD RD E  
DAVIE, FL 33328 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:** SANDERS, LAURIE C  
**Address:** 3480 SOUTHERN ORCHARD RD E  
**City-St-Zip:** DAVIE, FL 33328

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:** LAURIE C. SANDERS

MGRM

03/05/2012

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