

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112048

**Entity Name:** SANDLIN PROPERTIES, LLC

**Current Principal Place of Business:**

901 SHEILA PLACE  
APOPKA, FL 32703

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC1588257813**

**Current Mailing Address:**

3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 US

**FEI Number:** 46-4524639

**Certificate of Status Desired:** No

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

FLICK, JAMES J  
3700 S. CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SANDLIN, HARDY B. III  
Address        901 SHEILA PLACE  
City-State-Zip: APOPKA FL 32703

Title           MANAGER  
Name           COFFMAN, ANGELA  
Address        652 DORAL LANE  
City-State-Zip: MELBOURNE FL 32940

Title           MANAGER  
Name           DAVIS, MARY LU  
Address        1413 GLEN EAGLES WAY  
City-State-Zip: ORLANDO FL 32804

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARDY B. SANDLIN, III

**MANAGER**

**03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date