

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123439

**Entity Name:** SANDRA WILSON CONSULTING, LLC

**Current Principal Place of Business:**

2036 SUNSET MEADOWS DR.  
CLEARWATER, FL 33763

**Current Mailing Address:**

P.O. BOX 793  
CLEARWATER, FL 33757 US

**FEI Number:** 82-1223663

**Certificate of Status Desired:** No

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

WILSON, SANDRA  
2036 SUNSET MEADOW DR  
CLEARWATER, FL 33763 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            CEO  
Name            WILSON, SANDRA R  
Address        P.O. BOX 793  
City-State-Zip: CLEARWATER FL 33757

Title            EVP  
Name            NORMA FONTAINE PHILBERT  
Address        10712 BAMBOO ROD CIRCLE  
City-State-Zip: RIVERVIEW FL 33569

*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:** SANDRA R WILSON

**CEO**

**04/03/2024**

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

\_\_\_\_\_  
Date