

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000133346

**Entity Name:** SANDERS INVESTMENTS, LLC**Current Principal Place of Business:**2600 CARE DRIVE  
TALLAHASSEE, FL 32308**Current Mailing Address:**2600 CARE DRIVE  
TALLAHASSEE, FL 32308 US**FEI Number:** 37-1854118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, LOREA E  
2600 CARE DRIVE  
TALLAHASSEE, FL 32308 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:** LOREA SANDERS

04/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | SANDERS, KEVIN C     |
| Address         | 2600 CARE DRIVE      |
| City-State-Zip: | TALLAHASSEE FL 32308 |

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | SANDERS, KEVIN C     |
| Address         | 2600 CARE DR         |
| City-State-Zip: | TALLAHASSEE FL 32308 |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | SANDERS, LOREA E     |
| Address         | 2600 CARE DR         |
| City-State-Zip: | TALLAHASSEE FL 32308 |

|                 |                      |
|-----------------|----------------------|
| Title           | T                    |
| Name            | SANDERS, LOREA E     |
| Address         | 2600 CARE DR         |
| City-State-Zip: | TALLAHASSEE FL 32308 |

*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:** LOREA E SANDERS

MANAGER

04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date