

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000106128

**Entity Name:** ANTHONY J ZANDERS INSURANCE LLC

**Current Principal Place of Business:**

2004 FARM WAY  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

2004 FARM WAY  
MIDDLEBURG, FL 32068

**FEI Number: 82-1260151**

**Certificate of Status Desired: Yes**

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

ZANDERS, ANTHONY J  
2004 FARM WAY  
MIDDLEBURG, FL 32068 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:** ANTHONY J ZANDERS

05/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZANDERS, ANTHONY J  
Address 2004 FARM WAY  
City-State-Zip: MIDDLEBURG FL 32068

*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:** ANTHONY J ZANDERS

OWNER

05/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date