

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000273156

Entity Name: ANDERSON ENCLOSURES LLC**Current Principal Place of Business:**2615 MYRTLE AVE.
PUNTA GORDA, FL 33950**Current Mailing Address:**2615 MYRTLE AVE.
PUNTA GORDA, FL 33950 US**FEI Number:** 85-3027987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, TODD G 11
2615 MYRTLE AVE.
PUNTA GORDA, FL 33950 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	MGR
Name	ANDERSON, KARALEE
Address	2615 MYRTLE AVE.
City-State-Zip:	PUNTA GORDA FL 33950

Title	MGRM
Name	ANDERSON, TODD JR.
Address	2615 MYRTLE AVE.
City-State-Zip:	PUNTA GORDA FL 33950

Title	AUTHORIZED MEMBER
Name	KENNEDY, ZACKARY T
Address	2615 MYRTLE AVE.
City-State-Zip:	PUNTA GORDA FL 33950

Title	AUTHORIZED REPRESENTATIVE
Name	MATOS, SARA
Address	2576 MALIBU LANE
City-State-Zip:	NORTH PORT FL 34286

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: KARALEE ANDERSON

MANAGER

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date