

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000273156

**Entity Name:** ANDERSON ENCLOSURES LLC

**Current Principal Place of Business:**

1090 INNOVATION AVE, UNIT 119  
NORTH PORT, FL 34289

**Current Mailing Address:**

1090 INNOVATION AVE, UNIT 119  
NORTH PORT, FL 34289 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 1090 INNOVATION AVE UNIT 120  
City-State-Zip: NORTH PORT FL 34289

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

Title MGRM  
Name ANDERSON, TODD JR.  
Address 1090 INNOVATION AVE. UNIT A120  
City-State-Zip: NORTH PORT FL 34289

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:** ANDERSON, KARALEE

**MANAGER**

**01/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date