

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000012727

1. Entity Name
CHERRYWOOD COVE, LLC



Principal Place of Business
7621 GRANVILLE DRIVE
TAMARAC, FL 33321 US

Mailing Address
150 EAST 69TH STREET
APARTMENT 4M
NEW YORK, NY 10021 US

FILED
Feb 23, 2004 08:00 AM
Secretary of State



02072004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
27-0014237

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLLER, MILDRED
7621 GRANVILLE DRIVE
TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOLLER, STEVEN H
STREET ADDRESS	150 EAST 69TH STREET, APARTMENT 4M
CITY-ST-ZIP	NEW YORK, NY 10021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/23/04-80111-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #