

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90201 012 \*\*\*\*50.00

**DOCUMENT # L030000016725**

1. Entity Name

SO CHEERFUL, LLC



Principal Place of Business

12385 NW HWY. 225-A  
REDDICK FL 32686

Mailing Address

12385 NW HWY. 225-A  
REDDICK FL 32686

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1172844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERMER, ROBERT A ESQ.  
8585 SW HWY. 200, STE. 9  
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
NAME **SOLE OWNER**  
STREET ADDRESS **LYNNE deR RUSSO**  
CITY - ST - ZIP **12385 NW 225-A**  
**REDDICK, FL 32686**

TITLE NAME ☐ Delete  
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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Lynne deR Russo - Lynne deR Russo - 2/24/04 - 352-591-1110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #