

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000004446 1. Entity Name CEFERIN & VERICKER LLC	
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Principal Place of Business 5950 BAHAMA WAY N ST. PETE BEACH, FL 33706	Mailing Address P.O. BOX 66570 SAINT PETERSBURG BEACH, FL 33736 US
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01042007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2987168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VERICKER, CHERYL L
5950 BAHAMA WAY N
ST. PETE BEACH, FL 33706**

**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)

U0000069444

04/17/07-80017-010 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERICKER, CHERYL L 5950 BAHAMA WAY N SAINT PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEFERIN, JEANNINE 42 W. 471 REDBUD CT. SAINT CHARLES, IL 60175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *C Cheryl L Vericker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____