

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011333

**FILED**  
**Jul 02, 2004**  
**Secretary of State**

**Entity Name:** CHERIE SUVACAROV INTERIORS, LLC

**Current Principal Place of Business:**

420 SUMMIT RIDGE PLACE, SUITE 102  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

420 SUMMIT RIDGE PLACE, SUITE 102  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUVACAROV, CHERIE  
420 SUMMIT RIDGE PLACE, SUITE 102  
LONGWOOD, FL 32779

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SUVACAROV, CHERIE L  
Address: 420 SUMMIT RIDGE PLACE, SUITE 102  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: CHERIE SUVACAROV

MGR

07/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date