

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054959 1. Entity Name SHERYL LEE SCHEIBE, P.L.	
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Principal Place of Business 116 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714	Mailing Address 116 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714
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01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number NOT APPLICABLE	App'd For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHIEBE, SHERYL LEE 116 CANDLEWICK RD ALTAMONTE SPRINGS, FL 32714
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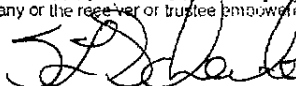
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the qualifications of registered agent. SIGNATURE _____ DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SCHEIBE, SHERYL L 116 CANDLEWICK RD. ALTAMONTE SPRINGS, FL 32714
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U00000189004 01/24/05-80081-011 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)(c), 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:  Sheryl L. Scheibe 1/17/05 407-862-6539 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
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