

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000010167

1. Entity Name

CHERYL M. SELWAY FAMILY, LLC



Principal Place of Business

22290 GREEN VALLEY TRAIL
BROOKSVILLE, FL 34601 US

Mailing Address

22290 GREEN VALLEY TRAIL
BROOKSVILLE, FL 34601 US



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELWAY, JOSEPH
22290 GREEN VALLEY TRAIL
BROOKSVILLE, FL 34601

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000921137
05/14/08-80072-004 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGR |
| NAME | SELWAY, JOSEPH |
| STREET ADDRESS | 22290 GREEN VALLEY TRAIL |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | MGR |
| NAME | SELWAY, CHERYL M |
| STREET ADDRESS | 22290 GREEN VALLEY TRAIL |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: Joseph Selway

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

4-22-08

Date

35254/2070

Daytime Phone *