

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90050 023 ****50.00

DOCUMENT # L04000041762

1. Entity Name
CAHAMA, LLC



Principal Place of Business
**25 CLUBHOUSE LANE
BOYNTON BEACH, FL 33436**

Mailing Address
**25 CLUBHOUSE LANE
BOYNTON BEACH, FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number

04-3793561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEPARD, JONATHAN L
25 CLUBHOUSE LANE
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name **Harriet Sherwin**
Street Address (P.O. Box Number is Not Acceptable)
25 Clubhouse Lane
City **Boynton Beach FL** Zip Code **33436**

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

Harriet Sherwin

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MR	<input type="checkbox"/> Delete
NAME	Carol Spielman	
STREET ADDRESS	2778 So. Ocean Blvd	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	MR	<input type="checkbox"/> Delete
NAME	Marilyn Brown	
STREET ADDRESS	6842 Fiji Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	MR	<input type="checkbox"/> Delete
NAME	Harriet Sherwin	
STREET ADDRESS	25 Clubhouse Lane	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Harriet Sherwin

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

4/19/05

Date

561-738-7404

Daytime Phone #