

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000081983

1. Entity Name  
SCHERTRELL LLC



Principal Place of Business  
8725 MARLAMOR LANE  
WEST PALM BEACH, FL 33412

Mailing Address  
8725 MARLAMOR LANE  
WEST PALM BEACH, FL 33412



02112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1876388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHERBAK, MARK  
8725 MARLAMOR LANE  
WEST PALM BEACH, FL 33412

**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 resigning)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SCHERBAK, MARK G
STREET ADDRESS	8725 MARLAMOR LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	MGRM
NAME	CANTRELL, LARRY H
STREET ADDRESS	3605 GULL ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000475558  
04/05/06-80020-010 50.00

**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: \_\_\_\_\_

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

MARK G. SCHERBAK

3/17/06

561-630-6362

Date

Daytime Phone #