


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 013 ***138.75

DOCUMENT # L05000048523	
1. Entity Name CHERYLE GROUP, LLC	

Principal Place of Business 416 LIME DRIVE NOKOMIS, FL 34275	Mailing Address 416 LIME DRIVE NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE

01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2862188	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLINGBEIL, ROBERT T JR 341 VENICE AVENUE WEST VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE

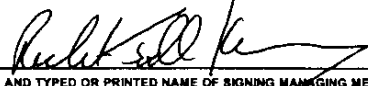
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM D'AUTO, RAYMOND F 416 LIME DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM KERKERING, RICHARD T 412 LIME DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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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.		
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SIGNATURE:  R T Kerkering	1/30/08	941-650-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #