

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 049 ***138.75

DOCUMENT # L05000080739

1. Entity Name
CHEROKEE POINTE, LLC



Principal Place of Business

1910 82ND AVE
SUITE 202
VERO BEACH, FL 32966

Mailing Address

1910 82ND AVE
SUITE 202
VERO BEACH, FL 32966

60015576



02012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3318934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARKIN, DAVID G
1900 S. HICKORY STREET, SUITE A
MELBOURNE, FL 32901

**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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HALEY, JOHN
1910 82ND AVE SUITE 202
VERO BEACH, FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, JIM
1910 82ND AVE SUITE 202
VERO BEACH, FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOUTHERN INVESTMENTS
1910 82ND AVE SUITE 202
VERO BEACH, FL 32966

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:

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

Date

Daytime Phone #