

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096775

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: CHERYLE CORNER GROUP, LLC

**Current Principal Place of Business:**

416 LIME DRIVE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

416 LIME DRIVE  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 20-3560234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINGBEIL, ROBERT T JR  
341 VENICE AVE W  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: D'AUTO, RAYMOND F  
Address: 416 LIME DRIVE  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete  
Name: KERKERING, RICHARD T  
Address: 412 LIME DR  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete  
Name: RATTIGAN, JOHN  
Address: 1204 CELEBRATION AVE  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: KERKERING, RICHARD T  
Address: 105 HILLS ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD TODD KERKERING

MGRM

01/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date