

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000023377

1. Entity Name
CHEROKEE VISTA, LLC



Principal Place of Business

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

Mailing Address

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

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

02-04-2008 90137 044 ***138.75



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4453455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 EAST OAK STREET
KISSIMMEE, FL 34744

**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 ARK INVESTMENTS, INC. 717 EAST OAK STREET KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 # _____