

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90105 028 \*\*\*143.75

**DOCUMENT # L06000067442**

1. Entity Name  
**CACHELE, LLC**



Principal Place of Business  
**282 SPRINGDALE CIRCLE  
LAKE WORTH, FL 33461**

Mailing Address  
**282 SPRINGDALE CIRCLE  
LAKE WORTH, FL 33461**

**50003147**

2. Principal Place of Business - No P.O. Box #  
**310 Maddock Street**

3. Mailing Address  
**310 Maddock Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33405**

Country  
**USA**

Zip  
**33405**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**WENNER, CATHY  
282 SPRINGDALE CIRCLE  
LAKE WORTH, FL 33461**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**310 Maddock Street**

City **West Palm Beach**

**FL**

Zip Code  
**33405**

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**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WENNER, CATHY  
282 SPRINGDALE CIRCLE  
LAKE WORTH, FL 33461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DENSKI, MICHELE D  
282 SPRINGDALE CIRCLE  
LAKE WORTH, FL 33461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**310 Maddock Street  
West Palm Beach, FL 33405** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**310 Maddock Street  
West Palm Beach, FL 33405** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
 ☐ Change ☐ Addition

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:**

*Cathy Wenner*

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

**04/11/08**

**5612522548**

Date

Daytime Phone #