

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90045 026 \*\*\*\*50.00



DOCUMENT # L06000071771

1. Entity Name

CHEERY O'S HOME SERVICES LLC

Principal Place of Business

268 SW PAGODA TERRACE  
 PORT ST. LUCIE FL 34984

Mailing Address

268 SW PAGODA TERRACE  
 PORT ST. LUCIE FL 34984



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGONOWSKI, DAWN M  
 268 SW PAGODA TERRACE  
 PORT ST. LUCIE FL 34984

Name

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

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME              | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------|-------------------------|---------------------------------|
| MGR   | OGONOWSKI, DAWN M | 268 SW PAGODA TERRACE | PORT ST. LUCIE FL 34984 | <input type="checkbox"/>        |
|       |                   |                       |                         | <input type="checkbox"/>        |
|       |                   |                       |                         | <input type="checkbox"/>        |
|       |                   |                       |                         | <input type="checkbox"/>        |
|       |                   |                       |                         | <input type="checkbox"/>        |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: *Dawn Ogonowski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-30-07 (772) 3404057  
 Date Daytime Phone #