


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000090783 1. Entity Name CHERMARK, LLC	
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Principal Place of Business 418 BRAMBLE WAY MINNEOLA, FL 34715	Mailing Address 418 BRAMBLE WAY MINNEOLA, FL 34715
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5576205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SEIDENSTICKER, MARK 418 BRAMBLE WAY MINNEOLA, FL 34715

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000853820
03/26/08-80079-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDENSTICKER, MARK 418 BRAMBLE WAY MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDENSTICKER, CHERYL 418 BRAMBLE WAY MINNEOLA, FL 34715
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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: <u>Mark R. Seidensticker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/5/08</u> <u>352-243-4583</u> <small>Date Daytime Phone #</small>