

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111668

FILED
Jul 16, 2009
Secretary of State

Entity Name: CHERPAK PROPERTIES, LLC

Current Principal Place of Business:

14884 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

14884 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 20-5909266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHERPAK, BARBARA L
14884 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

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: CHERPAK, THOMAS R
Address: 1485 CREEK NINE
City-St-Zip: NORTH PORT, FL 34291 US

Title: MGRM () Delete
Name: CHERPAK, BARBARA L
Address: 1485 CREEK NINE
City-St-Zip: NORTH PORT, FL 34291 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHERPAK, THOMAS R
Address: 14884 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM (X) Change () Addition
Name: CHERPAK, BARBARA L
Address: 14884 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287 US

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: BARBARA L CHERPAK

MGRM

07/16/2009

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