

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

01-24-2008 90068 019 ***138.75

DOCUMENT # L07000097312			
1. Entity Name CHERRY'S RENTALS, LLC			
Principal Place of Business 1850 PALISADES DRIVE ROYAL PALM BEACH, FL 33411		Mailing Address 1850 PALISADES DRIVE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ITWARU, CHERENA 1850 PALISADES DRIVE ROYAL PALM BEACH, FL FL		7. Name and Address of New Registered Agent 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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ITWARU, CHERENA 1850 PALISADES DRIVE ROYAL PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ETWARU CHERENA 1850 PALISADES DRIVE ROYAL PALM BEACH FL 33411 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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: <u><i>Cherena Etwaru</i></u>		Date: <u><i>1/20/08</i></u> Daytime Phone: <u><i>954-6734539</i></u>	

30002555



01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **33-1205135** Applied For ☐ Not Applicable ☐

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

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120-
5185