

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90129 041 ***138.75

60013810



03032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000115015

1. Entity Name
CHESHIRE FAMILY HOLDINGS, LLC



Principal Place of Business
**732 NE 3RD STREET
POMPAHO BEACH, FL 33060**

Mailing Address
**732 NE 3RD STREET
POMPAHO BEACH, FL 33060**

2. Principal Place of Business - No P.O. Box #
71 S.E. 4th Avenue

3. Mailing Address
71 S.E. 4th Avenue

Suite, Apt. #, etc.

City & State
Deerfield Beach

City & State
Deerfield Beach

Zip
33441

Country
U.S.

Zip
33441

Country
U.S.

6. Name and Address of Current Registered Agent

**BASKIES, JEFFREY A
2255 GLADES ROAD
SUITE 240W
BOCA RATON, FL 33431**

4. FEI Number
26-1552735

Applied For
☐ Not Applicable

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

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 _____
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIER, GWEN C 732 NE 3RD STREET POMPAHO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR (Manager) Collier, Gwen C 71 S.E. 4th Avenue Deerfield Beach, FL 33441
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gwen C Collier* **3/6/08** **954 427-2048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #