

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091733

**Entity Name:** CHERYLS WINDOW LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

597 SE CROSSPOINT DR  
PORT ST LUCIE, FL 34983 UN

**New Principal Place of Business:**

**Current Mailing Address:**

597 SE CROSSPOINT DR  
PORT ST LUCIE, FL 34983 UN

**New Mailing Address:**

**FEI Number:** 45-2953863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGLIOLI, CHERYL P  
597 SE CROSSPOINT DR  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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  
Name: BOGLIOLI, CHERYL P  
Address: 597 SE CROSSPOINT DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 UN

I hereby 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: CHERYL P. BOGLIOLI

MGRM

04/30/2012

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