2002 UNIFO	RM BUSINESS REPORT	(UBR)
DOCUMENT #	L96000000049	

CHERMAR, L.C.

Principal Place of Business

2. Principal Place of Business

Mailing Address

1140 SYLVAN DRIVE SARASOTA FL 34234 1140 SYLVAN DRIVE SARASOTA FL 34234

3. Mailing Address

- 6		
S ite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 11, 2002 8:00 am Secretary of State

01-11-2002 90012 050 ****50.00

902401

Zip Code



DO NOT WRITE IN THIS SPACE

04KG, 7 PK #1 010.			oute, Apr. II, sto.		DO NOT WAITE IN THIS STACE					
City & St	ate		. <u>-</u>	City & State			4. FEt Number	NOT APPLICA	ABLE	Applied For Not Applicable
Zip		Country	***	Zip Country		try	5. Certificate of S	Status Desired [.00 Additional Required
6. Name and Address of Current Registered Agent					<u> </u>	7. Name and Address of New Registered Agent				
DESCENT, MARY W					Name					
DEOCEIT, INDICE IT			Street Address (P.O. Box Number is Not Acceptable)							

1140 SYLVAN DRIVE SARASOTA FL 34234

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change Addition TITLE Delete TITLE DESCENT, MARY W NAME NAME 1140 SYLVAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TOSIGHATURE DEQUIRED

1/6/02 941-362-7887