

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140170

**Entity Name:** SHAFER FAMILY INVESTMENTS II, LLC

**Current Principal Place of Business:**

62 WYNDWOOD ROAD  
HARTFORD, CT 06107

**Current Mailing Address:**

62 WYNDWOOD ROAD  
WEST HARTFORD, CT 06107 US

**FEI Number:** 47-1775182

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KRISTIN BOLDEN, ASSISTANT SECRETARY

04/19/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SHAFER, MARC T  
Address        62 WYNDWOOD ROAD  
City-State-Zip: WEST HARTFORD CT 06107

Title           AUTHORIZED REPRESENTATIVE  
Name           BROWN, AMY  
Address        255 E FIFTH ST STE 2400  
City-State-Zip: CINCINNATI OH 45202

Title           MANAGER  
Name           SHAFER, JOAN M  
Address        14-3475 GOVERNMENT BEACH ROAD  
City-State-Zip: PAHOA HI 96778

Title           MANAGER  
Name           VANDENBURGH, LISA SHAFER  
Address        1000 POTOMAC STREET NW #250  
City-State-Zip: WASHINGTON DC 20007-3533

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY BROWN

**AUTHORIZED  
REPRESENTATIVE**

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date