

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000018084

1. Entity Name
SHELLYHEIDILUCY, LLC



Principal Place of Business
3754 TAMiami TRAIL NORTH
NAPLES, FL 34103-3707

Mailing Address
3754 TAMiami TRAIL NORTH
NAPLES, FL 34103-3707



05052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1449927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE YOE, CHRISTINA S
3754 TAMiami TRAIL NORTH
NAPLES, FL 34103-3707

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEYOE, CHRISTINA S
3754 TAMiami TRAIL NORTH
NAPLES, FL 341033707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PETRUCCI, FRANK W
3754 TAMiami TRAIL NORTH
NAPLES, FL 341033707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000951559
06/04/08-80040-014 538.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #