

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90224 032 \*\*\*\*50.00

**DOCUMENT # L03000023863**

1. Entity Name  
FLORIDA SHELL & FILL COMPANY, LLC



Principal Place of Business  
2351 STATE ROAD 31  
PUNTA GORDA, FL 33982 US

Mailing Address  
2351 STATE ROAD 31  
PUNTA GORDA, FL 33982 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**36-4534725**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
FILEMAN, GARY T  
1107 WEST MARIONA AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	DINER, RICHARD	21505 SHERIDAN RUN	ESTERO FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	Altschuler, Cheryl	6515 NW 95th Lane	Parkland, FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	Keane, Debbie	1704 Keowee Lake Shore Drive	SENECA, S.C. 29672	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	Diner, Larry	4518 Trails Drive	SARASOTA, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Larry Diner Larry Diner 3/4/04 941-915-6560

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