

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000027248**

1. Entity Name  
**THE SHELL FACTORY II, L.L.C.**



Principal Place of Business  
**8359 BEACON BLVD.  
FT. MYERS, FL 33907**

Mailing Address  
**P.O. BOX 6966  
FORT MYERS, FL 33911-6966**

**DO NOT WRITE IN THIS SPACE**



04052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**55-0845225**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CRONIN, THOMAS R SR.  
8359 BEACON BLVD.  
FT. MYERS, FL 33907**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DUNMIRE, PAMELA J 8359 BEACON BLVD. FT. MYERS, FL 33907</b>
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04/16/05-80014-016 55.00

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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

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

**PAMELA J. DUNMIRE 4/5/05 239-936-8888**

Date

Daytime Phone #