

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 011 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000088216

1. Entity Name
DULUTH II MANAGER, LLC



Principal Place of Business
**3700 AIRPORT ROAD #401
BOCA RATON, FL 33431**

Mailing Address
**3700 AIRPORT ROAD #401
BOCA RATON, FL 33431**

60020066



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2800

04022008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip
33309

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD.
SUITE 2800
FT. LAUDERDALE, FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHIMM, KENNETH L
3700 AIRPORT ROAD #401
BOCA RATON, FL 33431**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kenneth L. Shimm, Manager

4/1/08

Date

561-391-1751

Daytime Phone #