FILED
May 21, 2008 8:00 am
Secretary of State

4

04-25-2008 90025 025 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000054408

1. Entity Name
SHELLS & THINGS LLC

Principal Place of Business	Mailing Address
~~2910 OCEAN DRIVE~~ VERO BEACH, FL 32963 US	~~2910 OCEAN DRIVE~~ VERO BEACH, FL 32963 US

30006940

2. Principal Place of Business - No P.O. Box #	3119 Ocean Drive	3. Mailing Address	3119 Ocean Drive
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	Vero Beach, FL	City & State	Vero Beach, FL
Zip	32963	Zip	32963
Country	U.S.	Country	U.S.

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0213805 ☐ Applied For ☐ Not Applicable

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
RUFFINO, LISA A 137 DAISY LANE SEBASTIAN, FL 32958	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 RUFFINO, LISA A 137 DAISY LANE SEBASTIAN, FL 32958	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Lisa A. Ruffino LISA A. RUFFINO 4/12/08 772-234-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #