

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075943

**FILED**  
**Mar 01, 2007**  
**Secretary of State**

**Entity Name:** SHADOWOLF INVESTIGATIONS, LLC

**Current Principal Place of Business:**

1775 NW 94 AVE.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

5490 SE 146TH LANE  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

1775 NW 94 AVE.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

5490 SE 146TH LANE  
SUMMERFIELD, FL 34491

**FEI Number:** 20-3262327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, ILENE R  
1775 NW 94 AVE.  
CORAL SPRINGS, FL, FL 33071 US

**Name and Address of New Registered Agent:**

LEVY-AGUADO, ILENE R  
5490 SE 146TH LANE  
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: ILENE R LEVY-AGUADO

03/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVY, ILENE R  
Address: 1775 NW 94 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LEVY, ILENE R  
Address: 5490 SE 146TH LANE  
City-St-Zip: SUMMERFIELD, FL 34491 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ILENE R LEVY-AGUADO

PRES

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date