

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075943

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Entity Name:** SHADOWOLF INVESTIGATIONS, LLC

**Current Principal Place of Business:**

5490 SE 146TH LANE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

5490 SE 146TH LANE  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 20-3262327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LEVY-AGUADO, 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 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

02/09/2009

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