

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084543

FILED  
Apr 27, 2010  
Secretary of State

Entity Name: SHADOW MARIE LLC

**Current Principal Place of Business:**

2601 JEWEL ROAD  
BELLEAIR BLUFFS, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

2601 JEWEL ROAD  
BELLEAIR BLUFFS, FL 33770 US

**New Mailing Address:**

FEI Number: 27-0828956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 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: MGRM  
Name: YOUNESS, DARRELL S  
Address: 2601 JEWEL ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: MGRM  
Name: YOUNESS, DALAINE T  
Address: 2601 JEWEL ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: MGRM  
Name: YOUNESS, ELAINE A  
Address: 2601 JEWEL ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

I hereby 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: ELAINE YOUNESS

MGRM

04/27/2010

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