

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093220

Entity Name: SHADOWOOD VILLAS, LLC

Current Principal Place of Business:

520 E. FORT KING ST., B-2
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 3630
OCALA, FL 34478-3630

FEI Number: 20-5591073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESSLEY, RALPH WJR.
520 E. FORT KING ST., B-2
OCALA, FL 34471 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name PRESSLEY, RALPH WJR
Address 520 SE FORT KING ST., B2
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH PRESSLEY

MMBR

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date