

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH PRESSLEY

**PRESIDENT**

**03/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date