

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058798

Entity Name: SHADOW-CASTER LED LIGHTING LLC**Current Principal Place of Business:**1237 LADY MARION LANE
DUNEDIN, FL 34698**Current Mailing Address:**1237 LADY MARION LN
DUNEDIN, FL 34698 US**FEI Number:** 27-0426664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, C. BRIAN
3070 DOXBERRY CT
CLEARWATER, FL 33761 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	MGRM
Name	ROGERS, C. BRIAN
Address	3070 DOXBERRY CT
City-State-Zip:	CLEARWATER FL 33761

Title	MGRM
Name	WAITE, BRIAN
Address	6845 FINAMORE CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	MGRM
Name	POUND, JEFF T
Address	9232 80TH AVE N
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR OF SALES
Name	FRITZ, NEIL
Address	11335 111TH AVE. N.
City-State-Zip:	SEMINOLE FL 33778

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: ROGERS , C. BRIAN**MGRM****01/10/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date