

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000088700

Entity Name: SHADOWFAX 11, LLC

Current Principal Place of Business:

9132 STRADA PLACE, 3RD FLOOR
NAPLES, FL 34108

Current Mailing Address:

P.O. BOX 111300
NAPLES, FL 34108

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BODAH, MICHAEL CPA
2443 PINE WOODS CIRCLE
NAPLES, FL 34105 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: MICHAEL J BODAH

01/18/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SIZOV, ANDREY
Address PO BOX 111300
City-State-Zip: NAPLES FL 34108

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: ANDREY SIZOV

MANAGER

01/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date