

**2013 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

04/10/2013

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

**SIGNATURE:** ANDREY SIZOV

MGR

04/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date