

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136860

**Entity Name:** SHADOW MANAGEMENT, LLC

**Current Principal Place of Business:**

9017 NW 51ST PLACE  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

9017 NW 51ST PLACE  
CORAL SPRINGS, FL 33067

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRIS LAW GROUP  
7284 WEST PALMETTO PARK ROAD  
SUITE 101  
BOCA RATON, FL 33433 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 GOODE, GREGORY S  
Address 9017 NW 51ST PLACE  
City-State-Zip: CORAL SPRINGS FL 33067

Title MGR  
Name GOODE, ROBERTA D  
Address 9017 NW 51ST PLACE  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** GREGORY GOODE

**MANAGER**

**02/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date