FEI Number: APPLIED FOR Name and Address of Current Registered Agent:			Certificate of Status Desi	i <b>red:</b> No
MLG SERVICES 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	: GREG GOODE			03/28/2017
	Electronic Signature of	Registered Agent		Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	GOODE, GREGORY S	Name	GOODE, ROBERTA D	
Address	9017 NW 51ST PLACE	Address	9017 NW 51ST PLACE	
City-State-Zip:	CORAL SPRINGS FL 33	067 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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 28, 2017

**Secretary of State** 

CC6693825852

# 2017 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

03/28/2017 MANAGER

Date