

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114568

Entity Name: GREY SHADOW LLC

Current Principal Place of Business:

5514 CARMACK RD
TAMPA, FL 33610

Current Mailing Address:

5514 CARMACK RD
TAMPA, FL 33610

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASIELEWSKI, THOMAS
5514 CARMACK RD
TAMPA, FL 33610 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 MMGR
Name WASIELEWSKI, THOMAS
Address 9428 EDDINGS RD
City-State-Zip: ODESSA FL 33556

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: THOMAS WASIELEWSKI

MMGR

02/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date