

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166870

**Entity Name:** SHADOW MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

1556 ANTIGUA BAY DR  
ORLANDO, FL 32824

**Current Mailing Address:**

1556 ANTIGUA BAY DR  
ORLANDO, FL 32824 US

**FEI Number:** 46-4218989

**Certificate of Status Desired:** No

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

GIAMBRONE, DIANA  
1556 ANTIGUA BAY DR  
ORLANDO, FL 32824 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 GIAMBRONE, DIANA  
Address 1556 ANTIGUA BAY DR  
City-State-Zip: ORLANDO FL 32824

*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:** DIANA GIAMBRONE

**MANAGER**

**02/28/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date