

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000150060

Entity Name: SHADOW, LLC

Current Principal Place of Business:

217 PORT ST CLAIRE
ARANSAS PASS, TX 78336

Current Mailing Address:

217 PORT ST CLAIRE
ARANSAS PASS, TX 78336 US

FEI Number: 47-1950279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHTER, DANIEL
2940 NE 164TH STREET
NORTH MIAMI BEACH, FL 33160 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: DANIEL RICHTER

03/31/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RICHTER, DANIEL
Address 217 PORT ST CLAIRE
City-State-Zip: ARANSAS PASS TX 78336

Title AMBR
Name RICHTER, PATRICIA
Address 217 PORT ST CLAIRE
City-State-Zip: ARANSAS PASS TX 78336

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: DANIEL RICHTER

AMBR

03/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date