

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000038847

Entity Name: SHADOW NINJAZ LLC

Current Principal Place of Business:

4401 CORTINA CIRCLE
FORT MYERS, FL 33916

Current Mailing Address:

430 BROADWAY APT 1
SOMERVILLE, MA 02145 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name O'BRIEN, SHAWN
Address 430 BROADWAY APT 1
City-State-Zip: SOMERVILLE MA 02145

Title AMBR
Name SCANIO, MATTHEW
Address 4401 CORTINA CIR APT 343
City-State-Zip: FORT MYERS FL 33916

Title AMBR
Name LONGGREAR, JUDAH
Address 2310 FIRST ST APT 603
City-State-Zip: FORT MYERS FL 33901

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: SHAWN O'BRIEN

MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date