## **2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000158117

Entity Name: SHADOWLIGHT TRANSITIONS LLC

**Current Principal Place of Business:** 

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

**Current Mailing Address:** 

7901 4TH ST N STE 300 ST. DETERSBURG. FI

ST. PETERSBURG, FL 33702 US

FEI Number: 84-2983678 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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

FILED Feb 10, 2022

**Secretary of State** 

0372937301CC

Authorized Person(s) Detail:

Title AMBR Title MANAGER

Name THOMAS, CYPREANA Name THOMAS, CYPREANA

Address 172 BREMERTON DRIVE SW Address 172 BREMERTON DRIVE SW City-State-Zip: HUNTSVILLE AL 35824 City-State-Zip: HUNTSVILLE AL 35824

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: CYPREANA THOMAS

**MANAGER** 

02/10/2022