

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000278553

**Entity Name:** SHADOWFAX PARTNERS, LLC

**Current Principal Place of Business:**

4300 S BEACH PARKWAY  
UNIT 3322  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4300 S BEACH PARKWAY  
UNIT 3322  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 87-1230866

**Certificate of Status Desired:** No

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

LARKIN, KIM  
4300 S BEACH PARKWAY  
UNIT 3322  
JACKSONVILLE BEACH, FL 32250 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 COHEN, JASON  
Address 7604 GALLEON WAY  
City-State-Zip: CARLSBAD CA 92009

*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:** JASON COHEN

01/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date