

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000473458

**Entity Name:** SHADOWFAX TATTOO LLC

**Current Principal Place of Business:**

109 BROAD STREET  
TITUSVILLE, FL 32796

**Current Mailing Address:**

109 BROAD STREET  
TITUSVILLE, FL 32796

**FEI Number:** 87-3445179

**Certificate of Status Desired:** No

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

COLLINS, JOLANTA  
200 N FIRST STREET  
COCOA BEACH, FL 32931 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:** JOLANTA COLLINS

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	EMR, ANGELA	Name	EMR, MARK
Address	109 BROAD STREET	Address	109 BROAD STREET
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796

*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:** MARK EMR

AMBR

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date