

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000003780

Entity Name: SHADOWMANCY, LLC

Current Principal Place of Business:

550 NORTHWEST UNIVERSITY BOULEVARD
SUITE 104
PORT ST. LUCIE, FL 34986

Current Mailing Address:

6649 WOODS ISLAND CIRCLE
APT. 108
PORT ST. LUCIE, FL 34952 US

FEI Number: 87-4274633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLS, CHIQUITA L
6649 WOODS ISLAND CIRCLE
APT. 108
PORT ST. LUCIE, FL 34952 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 MANAGER/OWNER
Name WELLS, CHIQUITA L
Address 6649 WOODS ISLAND CIRCLE
 APT. 108
City-State-Zip: PORT ST. LUCIE FL 34952

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: CHIQUITA L WELLS

MANAGER/OWNER

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date