

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000119164

Entity Name: SHADOW MARKET LLC

Current Principal Place of Business:

4704 S LE JEUNE RD
CORAL GABLES, FL 33146

Current Mailing Address:

4704 S LE JEUNE RD
CORAL GABLES, FL 33146 US

FEI Number: 88-1599558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELFINO, JOSE C
9038 SW 148 CRT
MIAMI, FL 33196 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 | Title | MGR |
| Name | DELFINO, JOSE C | Name | PRENDES, ALEX B JR |
| Address | 9038 SW 148 CRT | Address | 10532 SW 129TH PL |
| City-State-Zip: | MIAMI FL 33196 | City-State-Zip: | MIAMI FL 33186 |
| | | | |
| Title | MGR | | |
| Name | BLANCO, DAVID | | |
| Address | 4704 S LE JEUNE RD | | |
| City-State-Zip: | CORAL GABLES FL 33146 | | |

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: JOSE DELFINO

MGR

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date