

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000466363

**Entity Name:** SHADOW FARMS L.L.C.

**Current Principal Place of Business:**

11070 SW 52 CT  
DAVIE, FL 33328

**Current Mailing Address:**

11070 SW 52 CT  
DAVIE, FL 33328 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LUND, RICHARD  
11070 SW 52 CT  
DAVIE, FL 33328 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	AMBR
Name	LUND, RICHARD	Name	LUND, DEBORAH
Address	11070 SW 52 CT, BUILDING C	Address	11070 SW 52 CT,
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

*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:** RICHARD LUND

**MANAGER**

**01/25/2023**

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

\_\_\_\_\_  
Date