

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003429

**Entity Name:** SHADOW SECURITY, LLC

**Current Principal Place of Business:**

1749 NE MIAMI CT. #513  
MIAMI, FL 33132

**Current Mailing Address:**

1749 NE MIAMI CT. #513  
MIAMI, FL 33132 US

**FEI Number:** 45-5382067

**Certificate of Status Desired:** No

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

ERESIDENTAGENT, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** ERIKA EASTER

03/16/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           EDWARDS, BENJAMIN  
Address        1749 NE MIAMI CT. #513  
City-State-Zip: MIAMI FL 33132

*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:** BENJAMIN EDWARDS

MANAGER

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date