## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000003429

Entity Name: SHADOW SECURITY, LLC

Mar 11, 2016 Secretary of State CC0350725868

**FILED** 

## **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. 236 E 6TH AVE TALLAHASSEE, FL 32303 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

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: BENJAMIN EDWARDS

**MANAGER** 

03/11/2016

Date