

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093423

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** SHADOW SERVICES RSP, LLC

**Current Principal Place of Business:**

5301 BALD CYPRESS TRAIL  
FORT PIERCE, FL 34951 US

**New Principal Place of Business:**

1916 WREN AVE  
FORT PIERCE, FL 34982 US

**Current Mailing Address:**

PO BOX 13856  
FORT PIERCE, FL 34979 US

**New Mailing Address:**

**FEI Number:** 37-1549844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAY, HEATHER L  
5301 BALD CYPRESS TRAIL  
FORT PIERCE, FL 34951 US

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

GRAY, HEATHER L  
1916 WREN AVE  
FORT PIERCE, FL 34982 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:

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRAY, SCOTT  
Address: 1916 WREN AVE  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGRM  
Name: GRAY, HEATHER  
Address: 1916 WREN AVE  
City-St-Zip: FORT PIERCE, FL 34982 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HEATHER GRAY

MGRM

04/07/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date