

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092743

**Entity Name:** SHADOWBOX PICTURES, LLC

**Current Principal Place of Business:**

16044 PENWOOD DR  
TAMPA, FL 33647

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC7467617974**

**Current Mailing Address:**

16044 PENWOOD DR  
TAMPA, FL 33647

**FEI Number: 27-1004304**

**Certificate of Status Desired: No**

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

DONNA LAMETTEREY  
16044 PENWOOD DR  
TAMPA, FL 33647 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 MGRM  
Name ROBERTS, SCOTT G  
Address PO BOX 2496  
City-State-Zip: SAUSALITO CA 94966

Title MGR  
Name ROBERTS, PAUL RMR  
Address 29507 BIRDS EYE DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title MGRM  
Name LAMETTEREY, DONNA JMRS  
Address 16044 PENWOOD DR  
City-State-Zip: TAMPA FL 33647

Title MGRM  
Name LAMETTEREY, FRANCIS CMR  
Address 16044 PENWOOD DR  
City-State-Zip: TAMPA FL 33647

*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: DONNA LAMETTEREY**

**MGRM**

**03/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date