

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000065812

**Entity Name:** SS SHADOW EXPRESS, LLC

**Current Principal Place of Business:**

2402 PARK STREET  
LAKE WORTH, FL 33460

**Current Mailing Address:**

2402 PARK STREET  
LAKE WORTH, FL 33460

**FEI Number: 83-4560048**

**Certificate of Status Desired:** No

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

ALZUGARAY, CRISTINA  
2402 PARK STREET  
LAKE WORTH, FL 33460 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 AR  
Name ALZUGARAY, CRISTINA  
Address 2402 PARK STREET  
City-State-Zip: LAKE WORTH FL 33460

Title AR  
Name VALDES, OSCAR  
Address 2402 PARK STREET  
City-State-Zip: LAKE WORTH FL 33460

*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: CRISTINA ALZUGARAY**

**MANAGING PARTNER**

**02/01/2023**

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

\_\_\_\_\_  
Date