

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040791

Entity Name: SFI SHADOW LANE LLC

Current Principal Place of Business:

16451 HEALTHPARK COMMONS DR
STE 107
FORT MYERS, FL 33908

Current Mailing Address:

15880 SUMMERLIN RD #300 PMB 312
FORT MYERS, FL 33908 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITLEY, STEVEN R
16451 HEALTHPARK COMMONS DR
STE 107
FORT MYERS, FL 33908 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 WHITLEY, STEVEN R
Address 15880 SUMMERLIN RD #300 PMB 312
City-State-Zip: FORT MYERS FL 33908

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: STEVEN R WHITLEY

MGR

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date