

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000148075

**Entity Name:** 11201 SHADOW LAKES, LLC

**Current Principal Place of Business:**

426 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

426 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ALEKSIN, RONALD M  
426 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH, FL 33785 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	Title	MGR
Name	ALEKSIN, RONALD M	Name	ALEKSIN, KAILEA M
Address	426 HARBOR DRIVE NORTH	Address	426 HARBOR DRIVE NORTH
City-State-Zip:	INDIAN ROCKS BEACH FL 33785	City-State-Zip:	INDIAN ROCKS BEACH FL 33785

*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: RONALD ALEKSIN**

**PRESIDENT**

**04/03/2023**

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

\_\_\_\_\_  
Date