

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000238290

**Entity Name:** SHADOWLIGHT CREATIONS LLC

**Current Principal Place of Business:**

4698 WEST BOBBY COURT  
LECANTO, FL 34461

**Current Mailing Address:**

4698 WEST BOBBY COURT  
LECANTO, FL 34461

**FEI Number: 87-0838545**

**Certificate of Status Desired: Yes**

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

PHELPS, DAMON  
4698 WEST BOBBY COURT  
LECANTO, FL 34461 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 PHELPS, DAMON  
Address 4698 WEST BOBBY COURT  
City-State-Zip: LECANTO FL 34461

*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: DAMON PHELPS**

**MGR**

**02/14/2022**

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

\_\_\_\_\_  
Date