

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003429

**Entity Name:** SHADOW SECURITY, LLC

**Current Principal Place of Business:**

1749 NE MIAMI CT  
513  
MIAMI, FL 33132

**Current Mailing Address:**

1749 NE MIAMI CT  
513  
MIAMI, FL 33132 US

**FEI Number:** 45-5382067

**Certificate of Status Desired:** No

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

ERESIDENTAGENT, INC.  
236 E 6TH AVE  
TALLAHASSEE, FL 32303 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 EDWARDS, BENJAMIN  
Address 1749 NE MIAMI CT  
513  
City-State-Zip: MIAMI FL 33132

*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:** BENJAMIN EDWARDS

**MANAGER**

**03/05/2015**

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

\_\_\_\_\_  
Date