

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000076

**Entity Name:** SHADOW WORKS ENTERPRISES, LLC

**Current Principal Place of Business:**

50 3 AVE S UNIT 802  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

50 3 AVE S UNIT 802  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 46-0858610

**Certificate of Status Desired:** No

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

AUTREY, KIM E  
130 LAMORAK LN  
MAITLAND, FL 32751 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	AP
Name	MUSFELDT, LINDA	Name	AUTREY, KIM E CPA
Address	50 3 AVE S UNIT 802	Address	130 LAMORAK LN
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	MAITLAND FL 32751

*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:** KIM E AUTREY

AP

01/03/2024

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

\_\_\_\_\_  
Date