

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082735

**Entity Name:** BILL'S DEER CAMP, L.L.C.

**Current Principal Place of Business:**

362 GULF BREEZE PKWY  
SUITE 133  
GULF BREEZE, FL 32561

**Current Mailing Address:**

362 GULF BREEZE PKWY  
SUITE 133  
GULF BREEZE, FL 32561

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SCHULTZ, KERRY ANNE ESQUIRE  
2045 FOUNTAIN PROFESSIONAL COURT, SUITE A  
FOUNTAIN, SCHULTZ & ASSOCIATES, P.L.  
NAVARRE, FL 32566 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 MGRM  
Name MARIA WEISNIGHT, CO-TRUSTEE OF THE WEISNIGHT REVOCABLE TRUST DATED AUGUST 3, 2011  
Address 362 GULF BREEZE PKWY #133  
City-State-Zip: GULF BREEZE FL 32561

Title AUTHORIZED MEMBER  
Name WILLIAM LEROY WEISNIGHT, CO-TRUSTEE OF THE WEISNIGHT REVOCABLE TRUST AGREEMENT DATED AUGUST 3, 2011  
Address 362 GULF BREEZE PKWY SUITE 133  
City-State-Zip: GULF BREEZE FL 32561

*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:** MARIA WEISNIGHT

**MGRM**

**02/12/2018**

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

\_\_\_\_\_  
Date