

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000067663

Entity Name: DEEP CREEK NURSERY, LLC**Current Principal Place of Business:**7780 STATE ROAD 207
ELKTON, FL 32033**Current Mailing Address:**5220 CHOCTAW STREET
ST AUGUSTINE, FL 32092 US**FEI Number:** 82-4791517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RENFROE, ELBERT L
5220 CHOCTAW STREET
ST AUGUSTINE, FL 32092 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	AMBR
Name	RENFROE, MELISSA S
Address	5220 CHOCTAW STREET
City-State-Zip:	ST AUGUSTINE FL 32092

Title	MGR
Name	RENFROE, ELBERT L
Address	5220 CHOCTAW STREET
City-State-Zip:	ST AUGUSTINE FL 32092

Title	AMBR
Name	RENFROE, TYLER B
Address	5100 STATE ROAD 206 W
City-State-Zip:	ELKTON FL 32033

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: ELBERT LAVON RENFROE

MGR

02/26/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date