

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000137054

**Entity Name:** 18547 DEEP PASSAGE, LLC

**Current Principal Place of Business:**

25 FALCONWOOD CT  
FORT MYERS, FL 33919

**Current Mailing Address:**

25 FALCONWOOD CT  
FORT MYERS, FL 33919

**FEI Number: 86-3033830**

**Certificate of Status Desired: No**

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

GSK REGISTERED AGENTS, INC.  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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	MGR
Name	KEARNS, KEVIN S	Name	KEARNS, ANNE W
Address	25 FALCONWOOD CT	Address	25 FALCONWOOD CT
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

*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: KEVIN KEARNS**

**MANAGER**

**04/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date