

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000450503

**Entity Name:** DECK DOCTORS FL LLC

**Current Principal Place of Business:**

4648 S ORANGE BLOSSOM TRL  
D4  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4648 S ORANGE BLOSSOM TRL  
D4  
KISSIMMEE, FL 34746

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

NEWBERRY, ROBIN L  
4648 S ORANGE BLOSSOM TRL  
D4  
KISSIMMEE, FL 34746 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 AR  
Name EHOUSE, CLIFFORD J  
Address 4648 S ORANGE BLOSSOM TRL D4  
City-State-Zip: KISSIMMEE FL 34746

Title AUTHORIZED REPRESENTATIVE  
Name NEWBERRY , ROBIN L  
Address 4648 S ORANGE BLOSSOM TRL  
D4  
City-State-Zip: KISSIMMEE FL 34746

*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:** ROBIN NEWBERRY

**OWNER**

**04/19/2023**

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

\_\_\_\_\_  
Date