

2024 FLORIDA LIMITED LIABILITY COMPANY 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 L. NEWBERRY

OWNER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date