

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000021965

1. Entity Name  
DEP TRANSPORT, L.L.C.



Principal Place of Business  
425 EAST MCEWEN DRIVE  
OSPREY, FL 34229

Mailing Address  
PO BOX 3319  
SARASOTA, FL 34230

**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1159736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FAMIGLIO, GEORGE V JR CPA  
1634 MAIN ST.  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

U000000170450  
08/20/04-80001-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
POTTS, DIANE E  
425 EAST MCEWEN DRIVE  
OSPREY, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MALTA, MARK T  
425 EAST MCEWEN DRIVE  
OSPREY, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Diane E. Potts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*8-16-04*

Date

*9419660725*

Daytime Phone #