

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000008395

1. Entity Name

DEEP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 29 AM 8:25

Principal Place of Business

1660 N MONROE  
15  
TALLAHASSEE FL 32303

Mailing Address

1080 COMMERCE BOULEVARD  
MIDWAY FL 32343

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1114-5 THOMASVILLE RD

City & State

City & State

TALLAHASSEE, FL

4. FEI Number

04-3644631

Applied For

Not Applicable

Zip

Country

Zip

Country

32303

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KEVIN W  
1080 COMMERCE BLVD  
MIDWAY FL 32343

7. Name and Address of New Registered Agent

Name

SMITH, KEVIN W.

Street Address (P.O. Box Number is Not Acceptable)

1114-5 THOMASVILLE RD.

City

TALLAHASSEE

FL

Zip Code

32303

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

12/1/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 7, 2005

700062470537  
2/29/05--01028--002 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KEVIN M 1080 COMMERCE BLVD MIDWAY FL 32343	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114-5 Thomasville Tallahassee, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005

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:

[Signature]

12/1/05

850-222-0679