

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

8/6/

08-06-2003 90041 003 ****50.00

DOCUMENT # L02000008395

1. Entity Name

DEEP, LLC



Principal Place of Business
**1080 COMMERCE BOULEVARD
MIDWAY FL 32343**

Mailing Address
**1080 COMMERCE BOULEVARD
MIDWAY FL 32343**

55054353

2. Principal Place of Business

1660 N. Monroe

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

Zip

32303

Country

Leon

Zip

32343

Country

FL

4. FEI Number

04-3644631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **KEVIN W. SMITH**

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

1080 Commerce Blvd.

City

MIDWAY FL

FL

Zip Code

32343

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **SMITH, KEVIN M**
STREET ADDRESS **1080 COMMERCE BLVD**
CITY-ST-ZIP **MIDWAY FL 32343**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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] **SIGNATURE REQUIRED**

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

7/22/03 850-224-9571

Date

Daytime Phone #

CR2E083 (4/03)

Attachment 55054353

LO2000008395

AMAX BUILDING CORPORATION
Tallahassee Office

JUL 07 2003

RECEIVED



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



TO: 0007943 AT
LO2000008395
DEEP, LLC
1080 COMMERCE BOULEVARD
MIDWAY FL 32343-6678
**AUTO T2 0 1292 32343-667880

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS