

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-14-2003 90046 004 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000008740

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

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

Mailing Address
425 EAST MCEWEN DRIVE
OSPREY, FL 34229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0662107

Applied For
(Not Applicable)

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVARY, JOHNSON S
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

Signature required on printed name of registered agent and title if applicable.

(NOTE: Registered Agents are required when re-registered)

DATE

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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 19.07(3)(c), 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 606, Florida Statutes.

SIGNATURE:

[Signature]

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

Date

Daytime Phone #

55055216

☐ CHECK HERE IF MAKING CHANGES

CP25003 (1/02)