

**LIMITED LIABILITY COMPANY  
FORM BUSINESS REPORT (UBR)**

**FILED**

**03 SEP 12 AM 8:57**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**600023021016**  
09/12/03--01058--001 \*\*50.00

**DOCUMENT #**

L02000019487

1. Entity Name

DEEP CREEK, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

24100 Tiseo Boulevard

Suite, Apt. #, etc.

Port Charlotte FL 33980

City & State

Zip

Country

3. Mailing Address

24100 Tiseo Boulevard

Suite, Apt. #, etc.

Port Charlotte, FL 33980

City & State

Zip

Country

9/12

DO NOT WRITE IN THIS SPACE

**MJH**

4. FEI Number

20-0216121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Hal F. Wotitzky

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

223 Taylor Street

City Punta Gorda

FL Zip Code  
33950

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRN  
Albert J. Tiseo  
24100 Tiseo Boulevard  
Port Charlotte, FL 33980

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

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

9-11-03

Date

Daytime Phone #

CR2E083B (12/02)