


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90083 037 ****50.00

DOCUMENT # L03000043853 1. Entity Name DEERWOOD II, LLC	
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Principal Place of Business 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471	Mailing Address 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOYD, SNOW 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req.)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYD, ROY THAD III 1700 SE 17TH STREET #300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were a managing member or the receiver or trustee empowered to execute this report as required by the Florida Statutes.

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

40072014



CR2E083 (10/03)

Number 401610256	Applied For Not Applicable
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State of Status Desired ☐ **\$5.00 Additional
Fee Required**

**NOT WRITE
THIS SPACE**

both, in the State of Florida. I am familiar with, and accept

DATE _____

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(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 I were a managing member or manager of the company as required by the Florida Statutes.

4-18-05
Date Daytime Phone #