

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032181

Entity Name: DEEP 6 FLORIDA, LLC

FILED  
Apr 26, 2012  
Secretary of State

## Current Principal Place of Business:

703 TIMBER COVE DRIVE  
LOXAHATCHEE, FL 33470 US

## New Principal Place of Business:

703 TIMBER COVE DRIVE  
SEABROOK, TX 77586 US

## Current Mailing Address:

703 TIMBER COVE DRIVE  
SEABROOK, TX 77586

## New Mailing Address:

703 TIMBER COVE DRIVE  
SEABROOK, TX 77586 US

FEI Number: 26-4657583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: FISHER, KIM  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGR  
Name: FISHER, SEAN  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: CHMN  
Name: RICHARDSON, GORDON  
Address: 12 DULWICH RD. HOLLAND ON THE SEA  
City-St-Zip: ESSEX UK C0155NA, XX XX

Title: PRES  
Name: MAREK, GENE  
Address: 703 TIMBER COVE DRIVE  
City-St-Zip: SEABROOK, TX 77586 US

Title: MGR  
Name: FRANK, MICHAEL  
Address: 7248 S.W. 42ND TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: LYON, EUGENE  
Address: 1545 PELICAN LANE  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ACCOUNTING/ACCOUNTING

AGNT

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date