

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000008254

**Entity Name:** DEPTH PERCEPTION DIVE CENTER, LLC

**Current Principal Place of Business:**

4015 W GANDY BOULEVARD  
TAMPA, FL 33611

**Current Mailing Address:**

4015 W GANDY BOULEVARD  
TAMPA, FL 33611 US

**FEI Number:** 45-4298805

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUGLISS, JEFFREY  
4015 W GANDY BOULEVARD  
TAMPA, FL 33611 US

*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:** JEFFREY DUGLISS

04/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | MGRM                   | Title           | MGRM                   |
| Name            | LAWRENCE, ROBERT       | Name            | DUGLISS, JEFFREY       |
| Address         | 4015 W GANDY BOULEVARD | Address         | 4015 W GANDY BOULEVARD |
| City-State-Zip: | TAMPA FL 33611         | City-State-Zip: | TAMPA FL 33611         |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY DUGLISS

MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date