

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066948

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC7527510562**

**Entity Name:** DEPOT ANTIQUES, LLC

**Current Principal Place of Business:**

107 N COLLINS ST  
PLANT CITY, FL 33563

**Current Mailing Address:**

107 N COLLINS ST  
PLANT CITY, FL 33563 US

**FEI Number: 46-5489449**

**Certificate of Status Desired: No**

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

SHOFF, GILBERT  
4055 OLD COLONY ROAD  
MULBERRY, FL 33860 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SHOFF, GILBERT  
Address 4055 OLD COLONY ROAD  
City-State-Zip: MULBERRY FL 33860

Title AMBR  
Name ALCHEDIAK, SYLVIA  
Address 3302 EAST SWINDELL ROAD  
City-State-Zip: PLANT CITY FL 33565

Title AMBR  
Name JOSSELYN, MARC  
Address 7205 KINGSBURY CIRCLE  
City-State-Zip: TAMPA FL 33610

*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: GILBERT SHOFF**

**AUTHORIZED MEMBER**

**04/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date