

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000030085

**Entity Name:** SCOTT DEKLE, LLC

**Current Principal Place of Business:**

9850 KIRCHHERR AVE  
HASTINGS, FL 32145

**Current Mailing Address:**

9850 KIRCHHERR AVE  
HASTINGS, FL 32145

**FEI Number:** 81-1445309

**Certificate of Status Desired:** No

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

DEKLE, SCOTT  
9850 KIRCHHERR AVE  
HASTINGS, FL 32145 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 MGR  
Name DEKLE, SCOTT  
Address 9850 KIRCHHERR AVE  
City-State-Zip: HASTINGS FL 32145

*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:** SCOTT DEKLE

MEMBER

06/21/2018

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date