

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000214349

**Entity Name:** SOODEEP ENTERPRISE, LLC

**Current Principal Place of Business:**

6160 SW HIGHWAY 200  
STE. 110-554  
OCALA, FL 34476

**Current Mailing Address:**

6270 SW 10TH CT.  
NORTH LAUDERDALE, FL 33068

**FEI Number:** 82-3100484

**Certificate of Status Desired:** Yes

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

DUNCAN, TWANDA L  
6270 SW 10TH CT.  
NORTH LAUDERDALE, FL 33068 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:** TWANDA L DUNCAN

10/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | MGR                       | Title           | AP                        |
| Name            | DUNCAN, TWANDA L          | Name            | MCCLEOD, RUFUS G          |
| Address         | 6270 SW 10TH CT.          | Address         | 6270 SW 10TH CT.          |
| City-State-Zip: | NORTH LAUDERDALE FL 33068 | City-State-Zip: | NORTH LAUDERDALE FL 33068 |
|                 |                           |                 |                           |
| Title           | AMBR                      |                 |                           |
| Name            | JER'EKA, DUNCAN           |                 |                           |
| Address         | 6270 SW 10TH CT.          |                 |                           |
| City-State-Zip: | NORTH LAUDERDALE FL 33068 |                 |                           |

*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:** RUFUS MCCLEOD

AP

10/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date