

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90008 033 ****50.00

DOCUMENT # L01000014217

1. Entity Name

DENBAR PROPERTIES, LLC



Principal Place of Business

Mailing Address

**2042 N.E. 121 ROAD
NORTH MIAMI FL 33181**

**2042 N.E. 121 ROAD
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

**13295 Biscayne Bay Terrace
Suite, Apt. #, etc.**

**13295 Biscayne Bay Terrace
Suite, Apt. #, etc.**

City & State

City & State

North Miami, FL

North Miami, FL

Zip
33181

Country
U.S.A.

Zip
33181

Country
U.S.A.

4. FEI Number **65-1133614**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMOILS, DENNIS
2042 N.E. 121 ROAD
NORTH MIAMI FL 33181**

Name
Dennis Amoils

Street Address (P.O. Box Number is Not Acceptable)

13295 Biscayne Bay Terrace

City
North Miami

FL Zip Code
33181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AMOILS, DENNIS
2042 N.E. 121 ROAD
NORTH MIAMI FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Amoils, Dennis
13295 Biscayne Bay Terrace
North Miami, FL 33191** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)