## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

Dela

SIGNATURE:

## DOCUMENT # L02000027222

1. Entity Name
J.C. DENIRO & ASSOCIATES, L.L.C.



## **FILED** Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90040 008 \*\*\*138.75

4/29/08 561 278-3030

Principal Place of Business Mailing Addres			#SS			ı			43		
5099 N A1A		5099 N A1A					600348	106			
SUITE 5	E) 22062	SUITE 5 VERO BEACH, FL 32963									
VERO BEACH	, rt 32903	VERO DEAGN, PL 328	903			1111	11611 BII 91				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			04252	800	Chg-LLC	CR2	E083 (12/06)	)
City & State		City & State	City & State			4. FEIN				A	pplied For
			1 2			14-	·1865	807			lot Applicable
Zip	Country	Zip	Count	ry		5. Certi	ficate o	f Status Desire	d 🔲	\$5.00 Ad Fee Require	
	6. Name and Address of Current	t Registered Agent	<del>'                                    </del>			7. Nam	e and A	ddress of Nev	w Registere		
<u>.</u>				Name	•					<del>_</del>	
DENIRO, J			Street Addr			ss (P.O. Box Number is Not Acceptable)					
	A, SUITE 5 ACH, FL 32963		Street Addre			as (r. O. Dox riumber is riot Acceptable)					
VEIKO DE	1011, 1 E 32300										
				City					F	■ Zip Co	de
				1 - 17:			. 15.4			_ 1 _	
	named entity submits this statement fi	or the purpose of changing it	ts registere	ed office or	registe	red agent,	or both	, in the State of	r Florida. Tai	m familiar with	i, and accept
1											
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NO	TE: Registered	d Agent signatu	re required	d when reinstal	ting)		DATE		<del></del>
	NOW!!! FEE IS \$138.75									payable to	
After May	/ 1, 2008 Fee will be \$538.7	5					ŀ	Flo	rida Depart	tment of Sta	te
9.	9. MANAGING MEMBERS/MANAGERS							ADDITIO	NS/CHANG	FS	,
TITLE	MGRM	☐ Delete	10. TITLE							Change	☐ Addition
NAME	DENIRO, JOHN C		NAME	E					1		<del></del>
STREET ADDRESS	822 EAST ATLANTIC AVE			ET ADDRESS	82	4 5	2 A-	tlantre	$ADC_{l}$	₽フ	
CITY-ST-ZIP	DELRAY BEACH, FL 33433		CITY-	-ST-ZIP				·			
TITLE		☐ Delete	TITLE	1						Change	☐ Addition
NAME		•	NAMI	·							
STREET ADDRESS CITY-ST-ZIP				et address -st-zip							
TITLE		Delete	TITLE							Change	☐ Addition
NAME		Delete	NAME	i						LT cuante	Audition
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE	:						☐ Change	Addition
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CITY-ST-ZIP				-ST-ZIP							
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP				-\$1-2IP							
TITLE		☐ Delete	TETLE	Ε						☐ Change	☐ Addition
NAME			NAM	E	•						_
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
11. I hereby	certify that the information supplied wi	th this filing does not qualify	for the exe	mptions co	ntained	in Chapte	er 119, F	iorida Statutes	. I further ce	rtify that the in	formation
indicated	on this report is true and accurate an ability company or the receiver of trust	ia that my signature shall hav ee empowered to execute thi	re the same is report as	e regat ette s required t	ct as if i by Char	made unde oter 608, F	er oath; Iorida S	ınat i am a ma tatutes.	anaging men	nuer or manaç	ger of the
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