



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90014 041 ****50.00

DOCUMENT # L05000002313					
1. Entity Name DENSON, LLC					
Principal Place of Business 6262 FAVIAN ROAD NORTH PORT, FL 34287 US			Mailing Address 6262 FAVIAN ROAD NORTH PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box # 2018 Sandia St.		3. Mailing Address 2018 Sandia St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number 20-2137443	
Zip 33953		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CROUSE, RICHARD B 978 DOUGLAS AVE 102 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME DENSON, JONATHAN C STREET ADDRESS 6262 FAVIAN ROAD CITY - ST - ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Denson, Jonathan C STREET ADDRESS 2018 Sandia St. CITY - ST - ZIP Port Charlotte FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME DENSON, CRYSTAL STREET ADDRESS 6262 FAVIAN ROAD CITY - ST - ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Denson, Crystal STREET ADDRESS 2018 Sandia St. CITY - ST - ZIP Port Charlotte FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 7/14/07 Daytime Phone #: 9416258008		