2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002313

1. Entity Name
DENSON, LLC

Principal Place of Business	Mailing Address
2018 SANDIA ST	2018 SANDIA ST
PORT CHARLOTTE, FL 33953 US	PORT CHARLOTTE, FL 33953 US

. UUU&U1UU

01082008No Chg-LLC   CR2E083 (12/07)

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4. FEI Number	Applied For
20-2137443	Not Applicable

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

6. Name and Address of Current Registered Agent

CROUSE, RICHARD B
978 DOUGLAS AVE
102
ALTAMONTE SPRINGS, FL 32714

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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 $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DENSON, JONATHAN C
STREET ADDRESS	2018 SANDIA ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	MGRM
NAME	DENSON, CRYSTAL
STREET ADDRESS	2018 SANDIA ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/2/08   9416258008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #