2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000016079



FILED :00 am tate

Aug 10, 2006 8:
Secretary of S 08-10-2006 90042 005 ****

1. Entity Name DENMAN INSURANCE & FINANCIAL SERVICES, LLC					08-10-2006 90042 005 ****50.00					
Principal Place of Business 2400 E. COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE, FL 33308			Mailing Address 2400 E. COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE, FL 33308							
	lace of Business	3. Mailing Address								
1995 E. OAKLAND PARK BLVD.		SAME			(155050)					
Suite Apt. #, etc.		Suite, Apt. #, etc.		08072006 Chg-LLC CR2E083 (11/05)						
City & State FT. LAUDERDALE, FLORIDA		City & State	City & State		4. FEI Numi	4. FEI Number Applied For Not Applied			oplied For of Applicable	
Zip 37306	Country U. S.A.	Zip	Zip Country		5. Certificat	rtificate of Status Desired				
	6. Name and Address of Current	t Registered Agent			7. Name an	d Address o	f New Regis	stered Agent		
DENMAN	IAMES D ESO		Nar	me Dema	JB.	DENN	m			
DENMAN, JAMES B ESQ S UITE 208, COASTAL TOWER 2 400 EAST COMMERCIAL BOULEVAR D		D	Street Addres		(P.O. Box Number is Not Acceptable) . 6 PK LAND PRIK BUSD., SUITE 105					
F T LAUDE	RDALE, FL 33308									
		4	Cin	STAT LAG	U DESADA	lE		FL 39		
The above the obligat	named entity submits this statement i	the purpose of changing its	registered offi	ce or register	ed agent, or b	oth, in the Sta	ate of Florida	. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered Agent	signature required	when reinstating)			8-7-06 DATE	<u> </u>	
Filing Fee is \$50.00 Due by September 6, 2006								heck payable to partment of State	Đ	
9.	MANAGING MEMB	FRS/MANAGERS	10.			∆DÐ.	ITIONS/CH	ANGES		
TITLE	MGRM	Delete	TITLE			700	11101437011	☐ Change	Addition	
NAME	DENMAN, JAMES B		NAME			1011000	20 110	AUAD OUT	in 105	
STREET ADDRESS CITY-ST-ZIP				RESS 199	FORT LAUDENDHIES, FL. 33306					
TITLE		☐ Delete	CITY-ST-ZIP	1072	CHUNE	rance,) PC.	Change	☐ Addition	
NAME		L Delete	NAME					C cyange	Audation	
STREET ADDRESS			STREET ADDR							
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
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TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDR	RESS						
CITY-ST-ZIP			CITY-ST-ZIP							
11. I hereby of indicated limited liab	certify that the information supplied wit on this report is true and accurate and bility company or the repeiver or trust	h this filing does not qualify for of that my signature shall have be empowered to execute this	the exemption the same legal report as requi	ns contained in the street as if many in the street as if many in the street as if many in the street as it is a street	in Chapter 119 lade under oat er 608, Florida	, Florida Stat h; that I am a Statutes.	utes. I furthe a managing	r certify that the info member or manage	rmation er of the	

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

8-7-06 (954) 938-9777 Date Dayuma Phone #