

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L05000076017**

1. Entity Name

**MARIE P DENSON, LLC**

Principal Place of Business

**5555 IDEAL HOLDING ROAD  
FT. PIERCE FL 34987**

Mailing Address

**5555 IDEAL HOLDING ROAD  
FT. PIERCE FL 34987**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE CR2E083 (10/06)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENSON, MARIE P  
5555 IDEAL HOLDING ROAD  
FT. PIERCE FL 34987**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file # 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, 2007**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Delete |
|--------------------------------------------------------------------------|---------------------------------|
| MGR<br>DENSON, MARIE P<br>5555 IDEAL HOLDING ROAD<br>FT. PIERCE FL 34987 | <input type="checkbox"/>        |
|                                                                          | <input type="checkbox"/>        |
|                                                                          | <input type="checkbox"/>        |
|                                                                          | <input type="checkbox"/>        |
|                                                                          | <input type="checkbox"/>        |
|                                                                          | <input type="checkbox"/>        |

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------------------------------------------------|-------------------------------------------------------------------|
| U00000615881<br>02/06/07-80080-016 50.00           | <input type="checkbox"/>                                          |
|                                                    | <input type="checkbox"/>                                          |
|                                                    | <input type="checkbox"/>                                          |
|                                                    | <input type="checkbox"/>                                          |
|                                                    | <input type="checkbox"/>                                          |
|                                                    | <input type="checkbox"/>                                          |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

4/30/07 772-708-8100

Date

Daytime Phone #