

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021337

FILED
Apr 04, 2009
Secretary of State

Entity Name: DENRON ENTERPRISES, LLC

Current Principal Place of Business:

207 FRANK DAVIS RD.
WAYNESVILLE, NC 28785 US

New Principal Place of Business:

178 ERIKAS WAY
WAYNESVILLE, NC 28786 US

Current Mailing Address:

207 FRANK DAVIS RD.
WAYNESVILLE, NC 28785 US

New Mailing Address:

178 ERIKAS WAY
WAYNESVILLE, NC 28786 US

FEI Number: 20-4397982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL F. KENNEDY, CPA, P.A.
2269 S. UNIVERSITY DR.,
SUITE 216
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VACCARO, DENNIS
Address: 207 FRANK DAVIS RD.
City-St-Zip: WAYNESVILLE, NC 28785 US

Title: MGR () Delete
Name: VACCARO, SHARON
Address: 207 FRANK DAVIS RD.
City-St-Zip: WAYNESVILLE, NC 28785 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VACCARO, DENNIS
Address: 178 ERIKAS WAY
City-St-Zip: WAYNESVILLE, NC 28786 US

Title: MGR (X) Change () Addition
Name: VACCARO, SHARON
Address: 178 ERIKAS WAY
City-St-Zip: WAYNESVILLE, NC 28786 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS J. VACCARO

MGRM

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date