2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

DOCUMENT # L06000107838 1. Entity Name DENMARC LLC						04-07-2008	3 90232 043	3 ***13	8.75
Principal Place of Business		Mailing Address						-	
16520 CROWNSBURY WAY #202 FT. MYERS, FL 33908		80 ALBA DRIVE BRISTOL, CT 06010			. et trata da	BRITS FIM PSM FPM PS	Efti XDM Gumi const 19	NGS PIEL FRIS	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			03252008	Chg-LLC	CR2E083 ((12/06)	
City & State		City & State			4. FEI Number	-1992	641		olied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$5	.00. Addit	
6, N:	ame and Address of Current F	Registered Agent		Name	7. Name and	Address of New I	Registered Age	nt	
MARCOUX, DENNIS							· · · · · · · · · · · · · · · · · · ·		
16520 CROWNSI FT. MYERS, FL. 3				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	·
8. The above named a	entity submits this statement for	the purpose of changing its	tedister	l ed office or regist	tered agent, or bot	h, in the State of Fi		liar with, a	nd accept
SIGNATURE	yped or printed name of regularized against								
FILE NOW	ii FEE IS \$138.75 08 Fee will be \$538.78			d Agent aigneture recur			ke check payal a Department		
9.	MANAGING MEMBER		10.		<u></u>	ADDITIONS	/CHANGES		
	OUX, DENNIS CROWNSBURY WAY #202	□ Delete 2	TITLE MAMI STRE					Change	Addition
	/ERS, FL 33908			-ST-ZIP					
STREET ADDRESS 16520	I OUX, JEANNE CROWNSBURY WAY #200 /ERS, FL 33908	☐ Deleta 2		ľ				Change	☐ Aóditioa
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i			0	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Deleta						Change	☐ Addition
TITLE MAME STREET ADDRESS CITY+ST-ZIP		☐ Deleta					0	Change	☐ Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZEP		☐ Delete						Change	Addition
indicated on this re	t the information supplied with sport is true and accurate and t spany or the receiver or trustee	hat my signature shall have I	the same	legal effect as if	made under oath:	that I am a manag	ging member or I	manager o	of the
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SIGNATURE	RE AND TYPED OR PRINTED NAME OF	M Drigony	-	AUTHORIZED OFFICE	L)	pul 3 201	2 <u>.</u> 08 590 Devone	2-01	<i><u> </u></i>