

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115606

Entity Name: DENJEN PRODUCTS LLC

FILED  
Apr 26, 2011  
Secretary of State

**Current Principal Place of Business:**

1843 SOUTHWEST NEWPORT ISLES BLVD.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1843 SOUTHWEST NEWPORT ISLES BLVD.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

P. O. BOX 31503  
PALM BEACH GARDENS, FL 33420

FEI Number: 27-1383775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR  
Name: MCLEOD, DENNIS  
Address: 1843 SOUTHWEST NEWPORT ISLES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR  
Name: MCLEOD, VERONICA  
Address: 1843 SOUTHWEST NEWPORT ISLES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S  
Name: MCLEOD, DENNIS  
Address: 1843 SOUTHWEST NEWPORT ISLES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T  
Name: MCLEOD, VERONICA  
Address: 1843 SOUTHWEST NEWPORT ISLES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 MCLEOD

MGR

04/26/2011

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