

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044600

**FILED**  
**Aug 30, 2012**  
**Secretary of State**

**Entity Name:** D N R MARKETING GROUP, LLC

**Current Principal Place of Business:**

1329 CALVARY ROAD  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

1329 CALVARY  
HOLIDAY, FL 34691 US

**Current Mailing Address:**

1329 CALVARY ROAD  
HOLIDAY, FL 34691 US

**New Mailing Address:**

PO BOX 1847  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 46-0527859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERGER, DEAN  
1329 CALVARY ROAD  
HOLIDAY, FL 34691 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:** BERGER, DEAN J  
**Address:** 1329 CALVARY ROAD  
**City-St-Zip:** HOLIDAY, FL 34691 US

**Title:** MGR  
**Name:** VARELA, ROSA E  
**Address:** 1329 CALVARY ROAD  
**City-St-Zip:** HOLIDAY, FL 34691 US

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:** ROSA VARELA

MS

08/30/2012

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