L11000125830

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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D. BRUCE

NOV 18 2011

EXAMINER



November 8, 2011

KIMBERLY P. DENOFF 2325 E. NEW YORK AVENUE DELAND, FL 32724

SUBJECT: DENOFF HOLDING, LLC

Ref. Number: L11000125830

We have received your document for DENOFF HOLDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

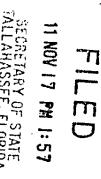
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 311A00025327



COVER LETTER

_	ation Section n of Corporations					
SUBJECT: _		Denoff				
	Name of	Limited	l Liabi	lity (Company	
Dear Sir or Ma	dam:					
The enclosed R	Registered Agent/Registered	Office (Change	anc	fee(s) are submitted for	filing.
Please return a	Il correspondence concernin	g this m	atter to	the	following:	
	Kimberly P. Denoff					
	Name of Person					
	Denoff Holding, LLC					
	Firm/Company					产品 =
						NOV 17 TH 1:57
	2325 E. New York Avenu	е				表 = =
	Address					V 17 PH 1: 57
						mon 🚠
	Deland El 22724					FEST =
Deland, FL 32724 City/State and Zip Code)RE 57
	only a same and only of the					Þ
E-mail addres	g8rbones@cfl.rr.com s: (to be used for future annual report	notification	n)	_		
For further info	rmation concerning this ma	tter, plea	ise call	:		
Kir	nberly P. Denoff	at (386	_)_	785-9546	
1	Name of Person			Area	Code & Daytime Telephone Nu	mber
STDEE'	T/COURIER ADDRESS:		NA A	TT T	NG ADDRESS:	
Registration Section					ttion Section	
Division of Corporations			Division of Corporations			
Clifton Building				x 6327		
			ssee, Florida 32314			
Tallahas	see, Florida 32301					
Enclose	ed is a check for the followi	ing amo	unt:			
✓ \$25 H	Filing Fee		\$5	5 Fi	lling Fee & Certified Cop	ру

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Denoff Holding, LLC					
2. (a) Principal office address of limited liability company	: 2325 E. New York Avenue					
(Note: MUST BE STREET ADDRESS)	Deland, FL 32724					
(b) Mailing address of limited liability company:	2325 E. New York Avenue					
(Note: MAY BE POST OFFICE BOX)	Deland, FL 32724					
November 02, 2011 3. Date of filing/registration in Florida	L11000125830 4. Document number					
5. (a) Registered Agent and Registered Office shown only	he records of the Florida Dent, of State:					
Registered Agent:	United States Corporation Agents, Inc Logal Zoom.com 13302 Winding Oak Ct. A 101 N. Brand Blvd. 11th floor					
Registered Office Address:	Glondale, CA 91203 Tampa, FL 33612 UST					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address 2						
NEW Registered Agent:	Kimberly P. Denoff					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2325 E. New York Avenue 5					
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office					
Kimberly P. Denoff Printed or typed name of signee	•					
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00