DOCUMENT # L9800003193 1. Entity Name DEN-DI, L.L.C.							FILED				
DEN-DI, L	L.(V.						01 APR 12 /	AM 9: 3	8		
Principal Plac 430 W MINNE CLERMONT FI	HAHA AVE	5	Mailing Address 561 MAR NAN MAR PLACE CLERMONT FL 34711				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	Place of Busin	ess	3. Mailing Address	3. Mailing Address			115011311 010 10101 10111 00111 00111	#IN ##III &=III	11101 116-0	• • • • • • • • • • • • • • • • • • •	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	е		City & State	City & State			4. FEI Number 59-3572335 Applied For Not Applicable				
Zip Country		Country	Zip Cour		itry	5. Certi	ficate of Status Desired		.00 Add Required		
6. Name and Address of Current Registered Agent					Name	7. Name	e and Address of New Regi	istered Ager	ıt		
REIS, DENNIS						Street Address (P.O. Box Number is Not Acceptable)					
MAR NAN MAR PLACE CLERMONT FL 34711											
, .	**	,						FL	Zip Code	Э	
A. The above	named entity	v submits this statement fo	or the purpose of changing its	s register	ed office or regis	stered agent,	or both, in the State of Florid				
VI 17.2 2	Tierres		, 410 perpetuit		,						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.						uired when reinstati	ng)	DATE			
			FILE N	OW!!!	FEE IS \$50.0	00					
			Make Check Pa	ayable t	o Departmen	it of State					
9.		MANAGING MEMB	ERS/MEMBERS	RS/MEMBERS 10.			ADDITIONS/CH				
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11 I boroby o	Sortify that the	information eupplied with	h this filing does not qualify fo	or the eve	motion stated in	Section 119	07(3)(i) Florida Statutes I fu	rther certify t	hat the in	viormation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 407-851-4360 Ext 319

2001 UNIFORM BUSINESS REPORT (UBR)

Daytime Phone #