

DOCUMENT # L99000003840

1. Entity Name

DENALILOVE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 10:02

Principal Place of Business

% ROBERT ROTH
8370 W. FLAGLER ST., SUITE 125
MIAMI FL 33144-2078

Mailing Address

% ROBERT ROTH
8370 W. FLAGLER ST., SUITE 125
MIAMI FL 33144-2078

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0930362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, ROBERT CPA
8370 W. FLAGLER ST., SUITE 125
MIAMI FL 33144-2078

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
BEST, ALICE R
STREET ADDRESS
7855 SW 106TH AVENUE
CITY-ST-ZIP
MIAMI FL 33173

TITLE NAME ☐ Delete
MGRM
JACKSON, DENNIS A
STREET ADDRESS
7855 SW 106TH AVENUE
CITY-ST-ZIP
MIAMI FL 33173

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
13607-56 Ave. S.E.
STREET ADDRESS
Everett, WA 98208
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
13607-56 Ave. S.E.
STREET ADDRESS
Everett, WA 98208
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
700003369927--6
STREET ADDRESS
-08/23/00--01086--009
CITY-ST-ZIP
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8/14/00 305-812-0822

CR2E083 (5/00)