

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 005 ****50.00

DOCUMENT # L99000003840

1. Entity Name

DENALILOVE, LLC

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
BEST, ALICE R
13607-56 AVE., S.E.
EVERETT WA 98208 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
15204 49 Ave. S.E.
EVERETT, WA 98208 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
JACKSON, DENNIS A
13607-56 AVE., S.E.
EVERETT WA 98208 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
15204 49 Ave. S.E.
EVERETT, WA 98208 ☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Delete

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

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:

Alice R. Best

8/28/02 425.338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

9544

CR2E083 (4/02)