

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90062 011 \*\*\*\*50.00

**DOCUMENT # L99000004916**

1. Entity Name  
**DENSON CO., L.C.**



Principal Place of Business

**401 PAPAYA STREET  
GOODLAND FL 34140**

Mailing Address

**P. O. BOX 157  
GOODLAND FL 34140**

2. Principal Place of Business

**401 PAPAYA ST**

3. Mailing Address

**P.O. Box 157**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Goodland FL**

City & State

**Goodland FL**

Zip

**34140**

Country

**Collier**

Zip

**34140**

Country

**Collier**

4. FEI Number **31-1660213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BALANTE, MICHELLE  
401 PAPAYA STREET  
GOODLAND FL 34140**

7. Name and Address of New Registered Agent

Name **Michelle Balante**

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

**401 PAPAYA ST**

City

**Goodland FL**

FL

Zip Code

**34140**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/11/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BALANTE, DENNIS C	
STREET ADDRESS	10555 PROUTY RD.	
CITY-ST-ZIP	CONCORD OH 44077	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BALANTE, TRACY S	
STREET ADDRESS	10555 PROUTY RD.	
CITY-ST-ZIP	CONCORD OH 44077	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BALANTE, DENNIS S	
STREET ADDRESS	10555 PROUTY RD.	
CITY-ST-ZIP	CONCORD OH 44077	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

**Michelle Balante**  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

**1/11/03** **239-642-7227**

CR2E083 (10/02)